## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:	ANNUAL	=												
Open Flow Test Date					ate: 7/28/2012 AP							5-22060-	0000	
Delive	erability													
Company	COURCE		Lease D. 1. TDUCT					Well Number						
EOG_RESOURCESINC County Location S				Section	P.J. TRUST Section TWP					R	NG (E/W)	19 #2 Acres Attributed		
SEWARD N/2 SE N								34S 33W				Auto		
					Reservoir					Gas Gathering Connection				
					CHESTER Plug Back Total Depth					DCP MIDSTREAM, LP Packer Set at				
•				_	6271' EST.					NONE				
Casing Size Weight			Intern	Internal Diameter Set at					Perforations To					
4 1/2		10.5	<u>#</u>	4.052			6350					18'		
Tubing Size 2 3/8		Weight 4.7#		Internal Diameter 1.995			Set at 6131 '			Perforations				
Type Completion (Describe) Ty					pe Fluid Production Pump Unit or Traveling CONDENSATE & WATER							X Yes /	No	
SINGLE					IDENSALE	& W/	AIER		% Nitro		Goo. C	Gravity-G a		
TUBING	I nru (Annu	ulus / Tubing)		76 Ca	TOCH DIOXIGE				70 MILIC	Jyen	Gas	oravity-G <sub>g</sub>		
Vertical Depth (H)					Pressure Taps						(Meter	r Run) (Prov	er) Size	
Pressure B	uildup:	Shut in	6		20 12	2 a	at <u>6:0</u>	<u>0</u> PM	take	en <u>7/2</u>	28 20.	12_at_3	:00 PM	
Well on Lin	e:	Started			20	a	at	<del></del>	take	en	20_	at		
					OBSERVE	ED SI	JRFAC	E DAT	4		Duration	n of Shut-in	Hou	
Static/ Orifice Dynamic Size		Circle One Meter or	Pressure Differential	Flowing Temperatur	Well Head		Casing Wellhead Pressure			Wellhea	ubing ad Pressure	Duration (Hours)	Liquid Produced (Barrels)	
Property	inches	Prover Pressure psig	in (h) inches H O	t	t		(R <sub>W</sub> )or (P <sub>t</sub> )(P <sub>C</sub> ) psig psia		ia	(P <sub>W</sub> )or (P <sub>1</sub> )(P <sub>2</sub> ) psig		1		
Shut-in						60				62		45		
Flow														
		- <u>-</u>			FLOW ST	REA	M ATTR	IBUTE	s		I	1		
Plat		Circle One	Press		Gravity	T		Flowing		Deviation Metered		Flow GOR Flowing		
Coefficient (Ђ)(Ђ)		Meter or Extens Prover Pressure				Temperature Factor		Factor F pv		R (Mcfd)	(Cubic Fee Barrel)	Gravity		
Med	fd	psig 	√P <sub>m</sub> x h	w .	8	_	F <sub>ft</sub>		pν		, <b>,</b>	1	G <sub>m</sub>	
	Ì					Ī								
		<del></del>		DEN ELO	W/V/DELIV	EDAE	ZII ITV\	CALCI	II ATI	ONE	·· <del>·</del>	<u> </u>		
(P <sub>c</sub> ) <sup>2</sup> =		;	:LOW) (DELIVERABILITY) CALCULA					(P <sub>B</sub> ) <sup>2</sup> 0.207						
(P) <sup>2</sup> (P) <sup>2</sup> c or B (P) <sup>2</sup> (P) <sup>2</sup> c d		(P <sub>W</sub> ) <sup>2</sup> =    Choose form   1, P <sub>C</sub>   2, P <sub>C</sub>   divided by: 1		.p2 LOGof		1	Backpressure Curve Slope = "n" or Assigned Standard Slope				11		Open Flow	
						2 Pw.				LOG			Deliverability als R x Antilog Mcfd	
				-			1186							
Open Flo	ow		Mcfd @	14.65 psia	3			De	liverab	ility		Mcfd @	14.65 psia	
-	The unders	signed authority, o	n behalf of th	ne Compar	ny, states that		-	orized I	o make		•	has knowled	-	
stated ther	rein, and th	nat said report is tr	rue and corre	ct. Execut	ted this the -GANSAS (		L2TH CEIVE PATION	D COMMOS	2524	day of <u>DE</u>	CEMBER	<u> </u>	, 20 12	
	Witn		GANSAS CORPORATION COMMISSION - DEC 17 2012					For Company						
	For	Commission			CONS	ERW.		-	- N		Checked	d by		
							····A, K	5	•					

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator EOG RESOURCES, INC and that the foregoing pressure information and statements contained on this application form are true and correct to the best of my knowledge and belief based upon available production summaries and lease records of equipment installation and/or upon type of completion or upon use being made of the gas well herein named.  I hereby request a one-year exemption from open flow testing for the P.J. TRUST 19 #2 gas well on the grounds that said well:
(Check One)  is a coalbed methane producer is cycled on plunger lift due to water is a source of natural gas for injection into an oil reservoir undergoing ER is on vacuum at the present time; KCC approval Docket No.  X is not capable of producing at a daily rate in excess of 250 mcf/D
I further agree to supply to the best of my ability any and all supporting documents deemed by Commission staff as necessary to corroborate this claim for exemption from testing.  Date: 12/12/2012
Signature: DIANA THOMPSON  Title SR. OPERATIONS ASSISTANT

Instructions:

If a gas well meets one of the eligibility criteria set out in KCC regulation K.A.R. 82-3-304, the operator may complete the statement provided above in order to claim exempt status for the gas well.

At some point during the current calendar year, wellhead shut-in pressure shall have been measured after a minimum of 24 hours shut-in/buildup time and shall be reported on the front side of this form under **OBSERVED SURFACE DATA**. Shut-in pressure shall thereafter be reported yearly in the same manner for so long as the gas well continues to meet the eligibility criterion or until the claim of eligibility for exemption **IS** denied.

The G-2 form conveying the newest shut-in pressure reading shall be filed with the Wichita office no later than December 31 of the year for which it's intended to acquire exempt status for the subject well. The form must be signed and dated on the front side as though it was a verified report for annual test results.