## KANSAS CORPORATION COMMISSION

## ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test: AN	INUAL		_												
Open Flo	ow		Tes	at Date: 10	0/9/2012						API No.	15 - 175	-22064-	00-01	
Deliverat	oility														
Company	Lease						Well Number				•				
EOG RESO	<u>ELIZABET</u>									22 #1					
County Location SEWARD C-SE-NE				Section 22			TWP 34S			rng (e/w) 34W			Acres Attributed		
Field			11.2	Reservoir					Gas Gathering Connection						
	-				<u>er morroi</u>					D			IELD SE	RVICES	
Completion Da 3-2-07	ite			Plug B 6526	lack Total De	epth					Packer N/A	Set at			
Casing Size		Weight			al Diameter		Set at			Perforati		To			
4-1/2" 10.5#			ŧ	4.052			6598'				6097' 6113				
Tubing Size Weight				Internal Diameter						Perforati	ons	То			
2-3/8" Type Completing	on (Dogg	4.7#		1.995			<u>6063</u>		umn I	Init or Trave	dina Diu		V Von /	No	
SINGLE	on (Desc		•	ÖIL	Fluid Product  8 WATER					Jnit or Trave	eling Piu		X Yes /	NO	
Producing Thru TUBING &				% Car	bon Dioxide			9	6 Nitro	gen		Gas G	ravity-G <sub>g</sub>		
Vertical Depth (H)				Pressure Taps						(Meter Run) (Prover) Size					
Pressure Build	up:	Shut in	)		20_12	2 at	9:00	<u>)</u> PM	take	n <u>10</u>	)/12	20 1	2_at_2:	00 PM	
Well on Line:	;	Started			20	at		_	take	n		20	at		
					OBSERVE	D SUF	RFACE	DATA				Duration	of Shut-in .	47 Ho	
5		Circle One	Pressure	Flowing	34-11-14		Casi	ng .		5	Tubing		Duration	Liquid Produced	
Dynamic	Orifice Size inches	Meter or Prover Pressure	Differential in (h) inches H O	Temperature t	Well Head Temperature t		Wellhead Pressur (P <sub>W</sub> )or (P <sub>t</sub> )(P <sub>C</sub> )			Tubing Wellhead Pressu (P <sub>W</sub> or (P <sub>t</sub> )(P <sub>C</sub> )		)	(Hours)	(Barrels)	
		psig	IIICIES II O			ps	ig	psia	3	psig		psia			
Shut-in						698				69			47		
Flow															
					FLOW ST	REAM	ATTR	IBUTES	3						
Plate Coefficient (斤 <sub>D</sub> )(斤 <sub>D</sub> ) Mcfd		Circle One Meter or Prover Pressure psig ,	Press Extension  Pmx h w		Gravity Factor F	٦	Flowing Temperature Factor F <sub>ft</sub>		Deviation Factor F <sub>pv</sub>		ľ	ered Flow R Mcfd)	GOR (Cubic Feet Barrel)	Flowing Fluid Gravity G <sub>m</sub>	
		<del>- \</del>	,	, , , , , , , , , , , , , , , , , , ,											
			(05	EN EL O	W) (DELIVE	EDARII	(TV) (	CALCU	ATI	) NE			<u> </u>		
		_; (P <sub>w</sub> ) <sup>2</sup> =	•	ENTLO			·-			JNG			(P <sub>a</sub> ) <sup>2</sup> 0.20	7	
(P <sub>c</sub> ) <sup>2</sup> =		_;		;	Pd = —	<u></u> ,*	(P <sub>c</sub>	; - 14.4) +	14.4 =			<u> </u>	(P <sub>d</sub> ) 2		
(P <sub>2</sub> ) <sup>2</sup> (P <sub>2</sub> ) <sup>2</sup> c or a (P <sub>2</sub> ) <sup>2</sup> (P <sub>2</sub> ) <sup>2</sup>		$ \begin{array}{ccc} 2 & Choose form \\ 1. P_0^2 \\ (Pc) - (P)_W^2 & 2. P_0^2 \\ divided by: \end{array} $		ula 1 or 2:  P 2 A formula 1, or 2 2 - P w  LOG of formula 1, or 2 and divide by:  P c²- F		2	Backpressure Curve Slope = "n" or Assigned Standard Slope		e nx	n×LOG [		Antilog	Deli Equals	Open Flow Deliverability Equals R x Antilog Mcfd	
						+			+						
Open Flow	!		Mcfd @	14.65 psia	l			Deli	iverabi	lity	- <b>I</b>		Mcfd @	14.65 psia	
The	undersig	ned authority, o	n behalf of th	e Compan	y, states that		•	orized to	make		•		nas knowled	•	
stated therein,	, and that	t said report is tr	ue and corre	ct. Execute		42.00	CEIVE	D D		day of DE	ECEMBI	<u> K</u>		, <sub>20</sub> <u>12</u>	
	Witne	ss (if any)			1	DEC :	Hation 17	D COMMIS	SIO <sub>N</sub>			For Com	pany		
	For C	ommission							_			Checked	hv		
	, 0, 0				SMCD	SERVA WICH	TICIN : IITA, H	OiSIVIC	W			UNICORGU	~1		

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									
(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.