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

| Type Test  | :                               |  |  | (                                      | (See Instruct         | ions on Hev   | erse Side                              | 9)                                     |   |                  |                               |  |  |
|--|---------------------------------|--|--|--|-----------------------|---|--|--|---|------------------|-------------------------------|--|--|
|  | en Flow<br>liverabilty          |  |  | Test Date                              | e:                    |   |  |  | I No. 15                                  | 20.00            |                               |  |  |
| Company  |                                 | <u>.                                    </u>     |  |  |                       | Lease<br>Keller Fa                                  | arms                                   | 15-                                    | -023-21198-(                              |                  | Well 1                        | Number   |  |
| County Location                                    |                                 |  | Section                                  |  | TWP                   | TWP   |  | RNG (E/W)                              |   | Acres Attributed |                               |  |  |
| Cheyenne E2-W2-NE-Se                               |                                 |  | 18<br>Reservoi                           |  | 2S                    | 38W   |  | therine Conn                           | nation .                                  |                  | RECEIV                        |  |  |
| Cherry Creek                                       |                                 |  |  | Niobrara                               |                       |   | Gas Gathering Connection Southern Star |  |   |                  |                               |  |  |
| Completion Date 1/8/2009                           |                                 |  | Plug Bad<br>1442'                        | Plug Back Total Depth<br>1442'         |                       |   | Packer                                 | Set at                                 |   |                  | DEC 05                        |  |  |
| Casing Size Weight 7", 4-1/2" 17#, 11.6#           |                                 |  | Internal I<br>9-7/8",                    |  | Set at<br>252', 1483' |   | Perforations<br>1282'                  |  |   | To KCC WIC       |                               |  |  |
| Tubing Size Weight                                 |                                 |  | Internal I                               |  | Set at                |   | Perforations                           |  | То  |                  |                               |  |  |
| 2-3/8" 4.7# Type Completion (Describe)             |                                 |  | 1.995<br>Type Flui                       | id Production                          |                       | 1263' Pump Unit or Tra                              |  | nit or Traveling                       | Plunger?                                  | Yes / No         |                               |  |  |
| Single (gas)                                       |                                 |  | Saltwa                                   | Saltwater                              |                       |   | Yes                                    |  |   |                  |                               |  |  |
| Producing<br>Tubing                                | j Thru (An                      | inulus / Tubii                                   | ng)                                      | % (                                    | Carbon Dìoxi          | de  |  | % Nitro(                               | gen                                       | Ga               | s Gravity                     | · G  |  |
| Vertical D   | epth(H)                         |  |  |  | Pres                  | sure Taps   |  |  | <b></b>                                   | (M               | eter Run) (                   | Prover) Size                                       |  |
| Pressure   | Buildup:                        | Shut in 9/                                       | 112                                      | 0_12 at_1                              | 0:30                  | (AM) (PM)   | Taken                                  |  | 20  | at               |                               | (AM) (PM)  |  |
| Well on Line:                                      |                                 |  |  |  | 12 12:30              |   | $\overline{}$                          |  | 20  | at               |                               | _ (AM) (PM)  |  |
|  |                                 | <del></del>                                      |  |  | OBSERVE               | D SURFACE   | DATA                                   |  |   | Duration of      | Shut-in2                      | 6 Hours  |  |
| Static /   | Orifice                         | Circle one:<br>Meter                             | Pressure<br>Differential                 | Flowing                                | Well Head             | Casing<br>Wellhead Pressure                         |  | Tubing<br>Wellhead Pressure            |   | Duration         | Lio                           | Liquid Produced                                    |  |
| Dynamic<br>Property                                | Size<br>(inches)                | Prover Press                                     | sure in                                  | Temperature<br>t                       | Temperature<br>t      | (P <sub>w</sub> ) or (P <sub>t</sub>                | ) or (P <sub>c</sub> )                 | (P <sub>w</sub> ) or (P <sub>t</sub> ) | or (P <sub>t</sub> ) or (P <sub>c</sub> ) | (Hours)          |                               | (Barrels)  |  |
| Shut-In  |                                 | poig (i iii                                      | ) Inches H <sub>2</sub> O                | ******                                 |                       | 133   | psia                                   | psig                                   | psia                                      |                  |                               |  |  |
| Flow   |                                 |  |  |  |                       |   |  |  |   |                  |                               |  |  |
|  |                                 |  | 1  |  | FLOW STR              | EAM ATTRI   | BUTES                                  | !                                      |   |                  |                               |  |  |
| Plate<br>Coeffieci<br>(F <sub>b</sub> ) (F<br>Mcfd | ent<br>) Pr                     | Circle one:<br>Meter or<br>over Pressure<br>psia | Press<br>Extension<br>P <sub>m</sub> x h | tension Fact                           |                       | Flowing<br>Temperature<br>Factor<br>F <sub>11</sub> |  | riation<br>actor<br>=<br>pv            | Metered Flow<br>R<br>(Mcfd)               | (Cut             | GOR<br>pic Feet/<br>arrel)    | Flowing<br>Fluid<br>Gravity<br>G <sub>m</sub>      |  |
|  |                                 |  |  |  |                       |   |  |  |   |                  |                               |  |  |
| P_) <sup>2</sup> =                                 | :                               | (P)²   | =:                                       | •                                      |                       | ERABILITY)<br>% (P.                                 |  | .ATIONS<br>· 14.4 =                    | :   |                  | $(P_a)^2 = 0$<br>$(P_d)^2 = $ |  |  |
|  | P <sub>a</sub> ) <sup>2</sup> ( | Choose formula 1 or 2:                           |  | LOG of formula 1. or 2. and divide by: |                       | Backpressure Curve Slope = "n"                      |  | , , , , , ,                            |   | Antilog          | D                             | Open Flow Deliverability Equals R x Antilog (Mcfd) |  |
|  |                                 |  |  |  |                       |   |  |  |   |                  |                               |  |  |
| Ones Ci  |                                 |  | M-11 0 4 1                               | 65 m=1-                                |                       | Della ta  | 424                                    |  |   | M-12-0           |                               |  |  |
| Open Flov  |                                 | <u> </u>   | Mcfd @ 14.                               | · · · ·                                |                       | Deliverabi  | •                                      |  |   | Mcfd @ 14.6      |                               |  |  |
|  |                                 |  | on behalf of the<br>said report is true  |  |                       |   |  |  |   |                  |                               | owledge of<br>, <sub>20</sub> <u>12</u> .          |  |
| ie iacis si  | ateu tnefe                      | en, and that s                                   | said report is true                      | and correc                             | a. ⊏xecuted           | uns ine   |  | uay or                                 |   |                  |                               | , 20   |  |
|  | ·                               | Witness  | (if any)                                 |  |                       | _   |  |  | For C                                     | Company          |                               |  |  |
|  |                                 |  |  |  |                       |   |  |  |   |                  |                               |  |  |

|                               | are under penalty of perjury under the laws of the state of Kansas that I am authorized to request atus under Rule K.A.R. 82-3-304 on behalf of the operator Noble Energy Inc |  |  |  |  |  |  |  |  |
|-------------------------------|---|--|--|--|--|--|--|--|--|
|                               | he 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   |  |  |  |  |  |  |  |  |
|                               | ent installation and/or upon type of completion or upon use being made of the gas well herein named.  |  |  |  |  |  |  |  |  |
| l here                        | by request a one-year exemption from open flow testing for the Keller Farms 43-18   |  |  |  |  |  |  |  |  |
| gas well o                    | n 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  |  |  |  |  |  |  |  |  |
|                               | is not capable of producing at a daily rate in excess of 250 mcf/D  |  |  |  |  |  |  |  |  |
| I furth                       | er agree to supply to the best of my ability any and all supporting documents deemed by Commissio   |  |  |  |  |  |  |  |  |
|                               | ecessary to corroborate this claim for exemption from testing.  |  |  |  |  |  |  |  |  |
|                               |   |  |  |  |  |  |  |  |  |
| Date: 11/                     | 30/2012   |  |  |  |  |  |  |  |  |
|                               |   |  |  |  |  |  |  |  |  |
|                               |   |  |  |  |  |  |  |  |  |
|                               | Signature: £  |  |  |  |  |  |  |  |  |
|                               | Title: Regulatory Analyst   |  |  |  |  |  |  |  |  |

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 of annual test results.