KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruct	tions on Rev	erse Side	;)				
✓ Op	en Flo	w			Took Date				A DI	No. 15			
De	liverat	ilty			Test Date 8-2&3-2					155-00431-0	00-00		
Company HERMAN L. LOEB, LLC.						Lease BLOCKER					#1	Well Number	
County RENO			Location C SW SE		Section 19		TWP 25S		BNG (E/W)		Acres Attributed		
Field FRIEND	SHIP				Reservoir MISSIS					hering Conne			
Completion 3-28-63	on Da	te			Plug Bac 3592	k Total Dept	th		Packer S NONE	et at			
Casing S 5.000	ize		Weigh 15.50		Internal D 4.950	Diameter	Set at 425 0		Perfo 356	rations 9	то 35 91		
Tubing Si 2.375	ize		Weigh 4.70	t	Internal Diameter 1.995		Set at 3590		Perforations OPEN		То		
Type Con		n (De	escribe)			d Production	n		Pump Ur PUMP	nit or Traveling	Plunger? Yes	/ No	
	Producing Thru (Annulus / Tubing) ANNULUS				% C	% Carbon Dioxide			% Nitrogen		Gas Gr	Gas Gravity - G _g	
Vertical E	Depth(l	- 1)				Pres	sure Taps				(Meter I	Run) (Prover) Size	
Pressure	Buildu	ıp:	Shut in 8-2	2	0_13 at_8		(AM) (PM)	Taken_8-	3	20	13 _{at} 8	(AM) (PM)	
Well on L	.ine:		Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
	r					OBSERVE	D SURFACE	DATA			Duration of Shut-	in Hours	
Static / Dynamic Property	Orif Siz (inch	e	Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	Casir Wellhead F (P _w) or (P _t	Pressure	Wellhe	ubing ad Pressure (P _t) or (P _c) psia	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In							220	рзіц	psig	psia	24	***************************************	
Flow													
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	FLOW STR	REAM ATTRI	BUTES					
Plate Coeffiec (F _b) (F Mcfd	ient ,)	Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m x h	Grav Fact F _g	tor 1	Flowing Femperature Factor F _{f1}	Fa	iation ctor pv	Metered Flow R (Mcfd)	GOR (Cubic Fe Barrel)	et/ Flowing Fluid Gravity G _m	
					`	, ,	ERABILITY)					² = 0.207	
(P _c) ² =		_:	(P _w) ² =	Choose formula 1 or 2	$P_d =$		% (P _.	- 14.4) +	14.4 =	: :	(P _d)	² =	
(P _c) ² - (I or (P _c) ² - (I		(F	P _c) ² - (P _w) ²	1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _d ²	LOG of formula 1. or 2. and divide	P _c ² - P _w ²	Slope Assi	sure Curve e = "n" or igned rd Slope	l n x l	.og []	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flo	w			Mcfd @ 14.	65 psia		Deliverabil	lity			Mcfd @ 14.65 psi	a ·	
		•	•	n behalf of the		t. Executed	this the 10		o make th		rt and that he ha	s knowledge of, 20 <u>13</u> .	
			•			F	RECEIVED PORATION CO			B	las		
			Witness (i	f any)		AUG	G 2 0 20	13		3 For C	ompany		
			For Comm	ission				101011		Chec	ked by		

	er penalty of perjury under the laws of the state of Kansas that I am authorized to request der Rule K.A.R. 82-3-304 on behalf of the operator HERMAN L. LOEB, LLC
	going pressure information and statements contained on this application form are true and
correct to the bes	t of my knowledge and belief based upon available production summaries and lease records
	allation and/or upon type of completion or upon use being made of the gas well herein named. est a one-year exemption from open flow testing for the BLOCKER *1
	rounds that said well:
(Chaol	r anal
(Check	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
V	is not capable of producing at a daily rate in excess of 250 mc/b
I further agre	e to supply to the best of my ability any and all supporting documents deemed by Commission
staff as necessar	y to corroborate this claim for exemption from testing.
Date: 8-15-13	
	Signature: Bloc
	3
	Signature: SUPT.

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 RECENTRATIONS COMMISSION signed and dated on the front side as though it was a verified report of annual test results.