Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Country		en Flow iverabili	ty				Test Da	te:	,		05/1	14/20	013			API No.	•	151	29204		0-01 000
Mortan Marmation Marmati		A Inc		•									АЗ.						We	eli N	umber
Marmaton Plug Back Total Depth A,935' Packer Set at	•		630				-			. ,				-			. •	_	Acı		
10/01/1998										n ,	•			- :, '		-	Connec	tion			
14.0# 5.012" 4,999" 4,578" 4,578" 4,588	•									Tota	al Depth	h		-	Pa	cker Set at					
2 3/8"		e			-	٠.					ter						ıs			6'	
Produced Thru (Annulus / Tubing)		e,			_					me	ter	9				Perforation	is		То		
Vertical Depth (H)	• •		(Des	scribe)											Pu						Yes / No
Pressure Buildup: Shut in	Producing			lus / Tu	ibing)				% C			xide	•			•		Gas		•	Gg '
Shallor Conflice Shut in 20 at Taken 20 at)										•					(Me			
Static / Orfice Circle ope: Pressure Flowing Fl	Pressure E	Buildup	: -	Shut in		05/1	3	20	13	at.	9:00			Taker	1	05/14	20	13	at 9:	00	
Static / Dynamic Size Property (inches) State Property (inches) Shut-In Flow State Property (inches) Shut-In Flow Shut-In Flow State Property (inches) Shut-In Flow State Property (inches) Shut-In State Property (inches) State Property (inches) Shut-In State Property (inches) Shut-In State Property (inches) State	Well on Lir	ne:		Shut in			· · · · · · · · · · · · · · · · · · ·	20	·	at				Taker	_		20		at		
State Orfice Prover Prassure Prover Prassure Prover Prassure Size Prover Prassure psig (Pm) Inches H ₂ O Temperature Tem					•					ОВ	SERVE	ED S	URFACE	DATA		İ	Duration	of Shu	t-in	24	Hours
Shut-In Flow Flow STREAM ATTRIBUTES Flowing Flowing Factor Fa	Dynamic	Size	9	. Prove	Meter er Press	sure	Differen in	tial					Wellhea (P _w) or	d Pressure (P ₁) or (P _c)		Wellhead (P _w) or (F	Pressure P _t) or (P _c)				
Flow STREAM ATRIBUTES Plate Coefficient Coefficient (F ₀ (F ₀) Prover Pressure Pipsia Pi		(anone		, pa	ng (i m)	, <u> </u>	·	120	· · ·			寸		 		psig	, paia				(Darreis)
Flate Coefficient (F _a) (F _a				<u> </u>		1						\dashv			<u> </u>						
Plate Coefficient Coefficient (F ₀)(F ₁) (F ₂) (F ₁) (F ₂) (i							-		OW ST	DE A	M ATTDI	BUTES							4
Coefficient (F)					-				· •	FL			IVI AT I DI		т						
(P _c) ² = (P _w) ² = 0.0 : P _d = % (P _c - 14.4) + 14.4 = : (P _d) ² = 0. (P _e) ² - (P _w) ² (P _e) ² (P _e) ² - (P _w) ² (P _e) ²	Coefficien (F _b) (F _p)	t	м	eter or r Pressure	9	Exten	sion		Factor		Tempe Fac	erature ctor) . F	actor		R	(Cı		Barrel)		Fluid Gravity
(P _c) ² =			_						*					•							
Choose Formula 1 or 2: 1. Pc - Pa 2 2. Pc - Pc 3 divided by: Pc - Pw 2 Open Flow Open	(P _c) ² =		_:	(P _w) ² =	0.0	:			OW)			•				·				
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 12 day of September 2013 OXY USA Inc. Witness RECEIVED KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Inc.	or	ı	(P _c) ² -		Choos	1. P _c ² - F 2. P _c ² - F	2 2 d	fo 1. and	rmula or 2. d divide	P _c ²	² - P _w ²	В	Slope = " or Assigne	'n" d	n x	LOG		Antilog	l 	E	Deliverability quals R x Antilog
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 12 day of September 2013 OXY USA Inc. Witness RECEIVED KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Inc.											,	:		•	<u> </u>						
The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 12 day of September 2013 OXY USA Inc. Witness RECEIVED KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Inc.									, •	•											
the facts stated therein, and that said report is true and correct. Executed this the 12 day of September 2013 OXY USA Inc. Witness RECEIVED KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Inc.	Open Flow			0		Mcfc	@ 14.6	5 psi	ia			Delive	erability				Mcfd	@ 14.6	5 psia	-	- 2
Witness RECEIVED For Company KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Inc.	the facts stated	, d therein,			-			f of th					•		the a	·		s knowled	lge of		2013
KANSAS CORPORATION COMMISSION Aimee Lannou Oxy USA Ind.				•	Witnes	ss						DÉC				. (· ·		
For Lommission				·					к	ANS	SAS COF	RPOR	EATION CO	MMISSI	ON	Aimee L			ISA In		Inel

OCT 1 5 2013

A.R. 82-3-	are under penalty of perju 304 on behalf of the ope In this application form are	erator	OXY USA I	nc. a	nd that the f	oregoing press	ure information available produc	and statements
nd lease re	cords of equipment insta	allation and/o	r upon type of co	mpletion or u	pon use beir	ng made of the	gas well herein	named.
I he aid well:	ereby request a one-year	r exemption to	rom open flow	НА	RMAN A 3	tor th	e gas well on th	e grounds that
			•		•			
(Check one))							
	s a coalbed methane pro	ducer						
	s cycled on plunger lift du		•					
_	s a source of natural gas		into an oil reserv	oir undergoin	g ER			
=	s on a vacuum at the pre	-	٠.		=			
	·		ate in excess of 2	250 mcf/D			4	
=	s not capable of producir		ate in excess of 2	250 mcf/D				
☑ is	s not capable of producir	ng at a daily r	* • •		imants daam	and by Commis	sion staff as nam	cassary to
is I further a	·	ng at a daily r est of my abil	* • •		ments deem	ned by Commis	sion staff as ned	cessary to
is I further a	s not capable of producir	ng at a daily r est of my abil	* • •		ments deem	ned by Commis	sion staff as nec	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deen	ed by Commis	sion staff as ned	cessary to
I further a	s not capable of producir	ng at a daily r est of my abili from testing.	* • •		ments deem	ned by Commis	sion staff as nec	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deen	ned by Commis	sion staff as ned	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deem	ned by Commis	sion staff as ned	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deem	ned by Commis	sion staff as ned	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deen	ed by Commis	sion staff as ned	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deem	ned by Commis	sion staff as ned	cessary to
I further a	s not capable of producir agree to supply to the be this claim for exemption	ng at a daily r est of my abili from testing.	* • •		ments deem	ned by Commis	sion staff as ned	cessary to

Instructions: If a gas well meets one of the eligibility criteria set out in the 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 31st 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.

RECEIVED KANSAS CORPORATION COMMISSION

OCT 1 5 2013

CONSERVATION DIVISION WICHITA, KS