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

Type Test:	:			(	See Instruc	tions on Rev	verse Side	)			
Оре	en Flow										
Deliverabilty					Test Date: 10-24 thru 10-25, 2013				No. 15 007-10279-0	00-00	
Company		•				Lease					Well Number
****	N L. LO	EB, LLC				TRICE	<u> </u>			1	
County Location BARBER C N/2 SW				Section 9		33S					Acres Attributed
Field MEDICINE LODGE-BOGGS				Reservoir MISSISSIPPIAN				Gas Gat	hering Conn	ection	
Completion Date 8-30-1940				Plug Back Total Depth 4719			Packer S NONE	Set at			
Casing Si 7.000			Internal Diameter 6.336		Set at 4640		Perforations 4640		то <b>4719</b>		
Tubing Size Weight				Internal Diameter Set at			ıt	Perforations			
		(Describe)		Type Fluid	d Productio	n		Pump Ui		Plunger? Yes	; / No
	,	Annulus / Tubin	g)	% C	arbon Diox	ide		% Nitrog	en	Gas G	Gravity - G <sub>g</sub>
CASING		*****		·		·				(0.4	D - ) (D - ) (C
/ertical D	epth(H)				Pres	sure Taps				(Meter	r Run) (Prover) Size
Pressure	Buildup:	Shut in 10-	24 20	13 at 1	2:15 PM	(AM) (PM)	Taken_10	)-15	20	13 <sub>at</sub> 12:15	PM (AM) (PM)
Well on Li	ine:			) at		(AM) (PM)	Taken		20	at	(AM) (PM)
	-		· · · · ·		OBSERVE	D SURFACE	E DATA			Duration of Shu	t-in 24 Hours
Static / Dynamic Property	Orifice Size (inches	Prover Press		Flowing Temperature t	Well Head Temperature	emperature Wellhead Pi		essure Wellhead Pressure		Duration (Hours)	Liquid Produced (Barrels)
Shut-in		psig (Pm)	Inches H <sub>2</sub> 0	ŀ			psia	psig	, psia .	24	
Flow	········					26	,.				
					FLOW STF	REAM ATTR	IBUTES			L	
Plate Coeffieci (F <sub>b</sub> ) (F <sub>c</sub> Mcfd	ent ,)	Circle one: Meter or Prover Pressure psia	Press Extension ✓ P <sub>m</sub> xh	Gravity Factor F <sub>g</sub>		Flowing Temperature Factor F <sub>11</sub>	Fa	Deviation M Factor F <sub>pv</sub>		w GOF (Cubic F Barre	eet/ Fluid
P <sub>c</sub> ) <sup>2</sup> =		: (P <sub>w</sub> ) <sup>2</sup> =	:	(OPEN FLO		<b>/ERABILITY</b> ) % (P	) CALCUL <sup>2</sup> 14.4) +		:		$a^{2} = 0.207$ $a^{2} = 0.207$
(P <sub>c</sub> ) <sup>2</sup> - (F or (P <sub>c</sub> ) <sup>2</sup> - (F	_	(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	1. P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup> LOG of formula 1. or 2.		P <sub>2</sub> -P <sub>2</sub>	Backpressure Curve Slope = "n"or Assigned Standard Slope		n x LOG		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
,		·									
Open Flow Mcfd @ 14.65			5 psia Deliverability			ility	Mcfd @ 14.65 psia				
The u	ındersigi	ned authority, o	n behalf of the	Company, s	states that h	ne is duly au	thorized to	o make ti	ne above repo	ort and that he h	nas knowledge of
	_		aid report is true			100			OVEMBER		, 20 _13
e facte et	tated the	and that be		3110 001100	Accused		<del></del> .	July 01		//	,,
ne facts st	tated the		1.00				1,000	<i>[[]</i> ]			
ne facts st	tated the	Witness (	. 1 - 4 - 7	· · · · · ·		;; . <del>.</del> .	, , , , , , , , , , , , , , , , , , ,	lar	Irali	Company I	KCC WICH

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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 HERMAN L. LOEB, LLC
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
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: 11-20-2013
Signature: San Tral
Title: REP. HERMAN L. LOEB, LLC

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.

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