Form G-2 (Rev. 7/03)

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test (See Instructions on Reverse Side)

Type Test:						(5	ee I	nstructi	ions o	n Hev	erse	; Siae)							
Open Flow Test D				est Date	Date: 06/26/2013							API No.				15189224190001			
Company OXY USA	\ Inc							Lease		TILL A	4							Well 1	Number
County Stevens 2156 F			Location SL & 861 FWL			Section 21		 TWP 34S			RNG (E/W)			Acres Attributed 640					
Field			Q 001		- 1	Reservoir Morrow/Ches						Gas Gathering Connec				nection	1		_
Completion						Plug Back		_	th					cker Set at					
09/13/2006 Casing Size			Weight			6,458' Internal Di	eter	ter Set at				Perforations			То				
5 1/2" 17.0#			'.Õ#			4.892	6,498'					6,175'			_				
Tubing Size 2 3/8"			Weight 4.7#			Internal Di 1.995"	6,163'			3'		Perforations				To			
Type Comp						Type Fluid WATER	l Pro	duction	n				Pur	mp Unit or T No		eling Pl	unger?		Yes / No
Producing Thru (Annulus / Tubing) Tubing					% Carbon I 0.290								% Nitrogen 4.332%			Gas Gravity - Gg 0.657			Gg
Vertical De	pth (H)							Pressu		aps		<u></u>							Prover) Size
6,243' Pressure Buildup: Sh			ut in06/2			20 13	13 at		inge			Taken		06/26	20 13		at	9:00	
Well on Lir	ne:	Shut in				20	at		<u>. </u>			Taken				20	at		<u> </u>
							OE	BSERV	ED S	URFA	CE	DATA		[Dura	tion of t	Shut-in	24	Hours
Static / Dynamic Property	Orifice Size (inches)	Meter Differ Prover Pressure i			Pressure Differenti in Inches H ₂	ential Flowing Temperature		Well Hi Tempera		Casing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psi		Pressure	(P _w) or (P _t) or		Press () or (essure			Liquid Produced
Shut-In										130.	0.0 144.		4			24		4	
Flow		<u>. </u>																	
							FL	OW ST	HEAL	MAII	KIE	ULES		<u>_</u>					
Plate Coefficient (F _b) (F _p) Mctd	Circle one: Meter or ver Pressur psia	er or Extension Pressure			Gravity Factor F _g		Flowing Temperat Factor F _{ft}				tor		Metered Flow R (Mcfd)		GOR (Cubic Feet/Barrel)		el)	Flowing Fluid Gravity G _m	
(P _c) ² =	:	(P,	") ² =	0.0	_:	(OPEN Fl P _d =	.ow) (DEL	.IVER. . %			CALCU (.4) + 14			:			$(P_a)^2 = (P_d)^2 =$	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P _c) ² - (P _w) ²		Choose Formula 1 or 2 1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_d^2$ divided by: $P_c^2 - P_w^2$		LOG of formula 1. or 2. and divide by:		;²-P*²	Backpressure Słope = "or Assigne Standard S		= "n' r ned	n* n x d		LOG		Antilog		E	Open Flow Deliverability Equals R x Antilog (Mcfd)
															\Box				
Open Flow	L		<u> </u>	Mcfd	@ 14.65	osia			Delive	erability						Acfd @	14.65 ns	ja.	
		The under	signed aut				iny, st	ates that				to make t	he at	pove report and			•		
the facts stated	I therein, and	that said re	port is true	and co	orrect.	Ex	ecute	d this the	1	14	day	of		Nove	mbe	<u>er</u>			2013
			Witness					_		-						USA I			
			- Ca=-!:					_	KC	CC	V	CHI	T/	AA	me	e Lanr	10U ()	um	<u>u </u>
		-0	r Commiss	ЮП					N	OV :	2 5	2013	}					1	annor

RECEIVED

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 OXY USA Inc. 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 STOCKSTILL A 4 for the gas well on 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 a 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 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: November 14, 2013										
\P										
Signature: Aimee Lannou Almufann										
Title: Gas Business Coordinator										

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.

NOV 25 2013
RECEIVED