Form G-2 (Rev. 7/03)

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test:					(Se	e Instructi	ons on	Reverse	e Side)							
Open Flow Deliverability			Test Date: 07/1				7/2013			API No.	15189220650000					
Company OXY USA	A Inc		_			Lease STAL	CUP (Well N	umber	
County Location Stevens 4290 FSL & 330				Section FEL 31			TWP 34S			RNG (E/W) 35W			Acres Attributed			
Field GOOCH			R	eservoir lorrow			<u>-</u>	Gas Gathering Conne			Connection	1		<u> </u>		
Completion Date 06/21/1996				Pì	lug Back T 6,420'	Total Dept	h	<u></u>			ker Set at		<u> </u>			
Casing Size Weight				Internal Diameter			Set at 6,430 '			Perforations		To S 204				
5 1/2" 14.0# Tubing Size Weight				5.012" Internal Diameter			Set at			6,286 ' Perforations		6,294 '				
2 3/8" 4.7# Type Completion (Describe)			Ty	. 995'' ype Fluid F	roduction		6,354'			np Unit or Tra				Yes / No		
SINGLE-GAS Producing Thru (Annulus / Tubing)			W	/ATER % C	arbon Dio	xide		Yes - Be				m Pump Gas Gravity - Gg				
Vertical De	Annulu	s				0.707% Pressi	re Tap	ne		2	.005%		_	.735 Bun) (F	Prover) Size	
6,29	0,					Fla	nge						(IVICTO)	3.06	•	
Pressure E	•	Shut in	07/1			at <u>9:00</u>	•		Taken_	_	07/17	_ 20 <u>13</u>	at	9:00		
Well on Lir	ne:	Shut in	= <u>-</u>	²		OBSERV	FD SII	DEACE	Taken_	=		ration of	at Shut-in	<u>=</u> =	Hours	
Static / Dynamic Property	Onfice Size (inches)	Meter Differe Prover Pressure in		Pressure Differential in Inches H ₂ O	Flowing Temperatu	Well He	ead	Casing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psi		Tubing Wellhead Pres (P _w) or (P _t) or		essure	(P _c) Duration		Liquid Produced (Barrels)	
Shut-In					Ţ <u> </u>			28.0	42.4	ightharpoons			2	4		
Flow		<u> </u>			<u> </u>				<u></u>	_						
Plate Coefficient (F _b) (F _p) P Mcfd		Meter or Ext Prover Pressure		ess nsion x h	Gravity Factor F _g	Flor Temp	wing erature ctor	Deviation Factor F _{PV}		Metered Flow R (Mcfd)		GOR (Cubic Feet/Barrel)		al)	Flowing Fluid Gravity G _m	
(P _c) ² =	:	(P _w) ² =	=0.0		Pd =	OW) (DEL	IVERAI		CALCUL 4.4) + 14.4		IONS	_: _		$(P_a)^2 = (P_d)^2 =$		
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 \cdot (P_d)^2$		² - (P _w)²	1. P _c ² - 2. P _c ² -	P. ²	LOG of formula 1. or 2. and divide by:	P _c ² - P _w ²	Backpressure (Slope = "n"Of Assigned Standard Slo		n×		OG	Antilog		E	Open Flow Deliverability Equals R x Antilog (Mctd)	
										_						
Open Flow		0	Mcf	d @ 14.65 p	osia		Delivera	ability				Mcfd @	14.65 ps	ia		
the facts stated	d therein, and	The undersign I that said report	•			y, states that cuted this the	he is duty		d to make the	e abi	Nove report and th	_	owledge o	f ,	2013	
	<u>-</u>	————Wif	ness	-		·						Y USA I				
		For Cor	mmission					KU(۲ ۷۷۱ <u>(</u>	<u>ار</u> مم	11 A Ain	nee Lanr	10u (Uma O	annor	
								NU	7 Z D	ZU	13			7	MUMMY.	

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 STALCUP C 3 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 mct/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	
Signature: Aimee Lannou al Mil fan W	uM
Title: Gas Business Coordinator	

Instructions: If a gas we'll 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