Form G-2 (Rev. 7/03)

Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test:	:					(See	Instruct	ions	on Reve	rse Sie	de)							
	en Flow iverability			Test Da	ite:	2: 05/23/2013						API No. 1				15189211250000		
Company OXY USA	A Inc				~		Lease PARS		——- Y A 3							Well N	lumber	
County Stevens						ction 34		TWP 34S			RNG (E/W) 35W				Acres Attributed 640			
Field SKI						servoir orrow Lo	w	,			Gas Gathering Connection OXY USA				n			
Completion 10/04/198				-		g Back To , 740 '	otal Dep	th			P	acker Set at			-			
Casing Siz	:e	Weight 15.5#				emal Diam 4.950''	neter	ter Set at 6,849 '			Perforations 6,208 '				To 6			
Tubing Siz 2 3/8"	e	Weight 4.7 #				Internal Diameter 1.995''			Set at 6,328'			Perforations			То			
Type Completion (Describe) SINGLE-GAS				Type Fluid Production WATER					Pump Unit or Traveli Yes - Be							Yes / No		
Producing Thru (Annulus / Tubing) Annulus				% Carbon Diox 0.000 %)	% Nitrogen 0.000%				Gas Gravity - Gg 0.6			Gg		
Vertical De							Press Fla	ure 1					ï		(Meter	Run) (f 3.06	Prover) Size 8"	
Pressure E	•	Shut in Shut in		22	20 20		9:00	_	_		ken ken	05/23	20 20	13	at	9:00		
			-		-		BSERV	/ED :	SURFAC				—— Duratio	n of	Shut-in	50	Hours	
Static / Dynamic Property	Onfice Size (inches)	Provi	Circle one: Press Meter Dittere Prover Pressure in psig (Pm) inches			Flowing Temperature	Well H		Wellhs (P _*) o	Casing Wellhead Pressure (P _w) or (P _t) or (P _c) psig psi		(P ₊) or (P ₁) or					Liquid Produced (Barrels)	
Shut-In	<u> </u>		3 (1 · · · · · 2						28.0	Τ,	42.4			50			(Bangley	
Flow			-					\neg										
	•					F	LOW ST	TRE/	AM ATTE	IBUT	ES	 		_			<u> </u>	
Plate Coefficien (F _b) (F _p) Mofd		Circle one: Meter or rover Pressur psia	Mater or Extension Fer Pressure			Gravity Factor F _g	' I IAMO					Matered Flow R (Mcfd)		GOR (Cubic Feet/Barrel		1)	Flowing Fluid Gravity G _m	
<u> </u>																		
(P _c) ² =	:	(P,	_w) ² =0	<u>0</u> :_		PEN FLO\ Pd =	W) (DEL	.IVEF		-	LCUL/ + 14.4		<u>:</u>	_		$(P_a)^2 = \frac{(P_d)^2}{P_d} = \frac{P_d}{P_d}$	0.207	
(P _e) ² - (P _a) ² or (P _e) ² - (P _a) ²	(F	c) ² - (P _w) ²	1. P _c ² 2. P _c ²	oose Formula 1 or 2: 1. P _c ² - P _h ² 2. P _c ² - P _d ² (vided by: P _c ² - P _w ²		OG of prmula . or 2. d divide by:	P _c ² · P _* ²		ackpressure Curve Slope = "n"		1	u×fOd		Antilog		E	Open Flow Deliverability quals R x Antilog (Mcfd)	
							_								_			
Open Flow	<u>.</u>	0	M	cfd @ 14.6	65 ps	ia	-	Deli	verability_	•			Mcf	d @	14.65 ps	ia	<u> </u>	
the facts stated	d therein, ar				lf of th		states that ted this the		4.0	zed to m	ake the	above report and		as kn	owledge o	i ,	2013	
									_			(OXY U			_		
			Witness				K	(C	C Wi	СН	ITA	Α	For Co	·		5 I/A4	<i>a</i> 1	
		For	r Commission		_			NO'	V 25	2013	3				U	4 1 x	annov	

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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 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 flowPARSLEY A 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 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
Signature: Aimee Lannou (Unu found) 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.

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