KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruc	tions on Rev	erse Side)					
✓ Op	en Flow				Test Date				A D1 A	No. 15				
De	liverabilt	y			7-24-13					19-20608-0	0-00			
Company HERMA		EB LLC					Lease ELLIOTT	-			1-5	Well No	umber	
County MEADE		Loc E/2 N	ation IE/4		Section 5		TWP 33\$		RNG (E/V 29W	V)		Acres 1	Attributed	
Field ANGELL	-			_	Reservoir MORRO					ering Conne	ection MDSTREAM			
Completic 8-1-83	on Date			•	Plug Bac 5910	k Total Dep	th		Packer Se NONE	et at				
Casing S 5.50	ize	Wei 15.	_	_	Internal E 4.950	Diameter	Set at 5909		Perfora		то 5774			
Tubing Size Weight 2.375 4.70			_	Internal I 1.995	Diameter		Set at Pe 5772		Perforations		То			
Type Con SINGLE		(Describe)			Type Flui WATE	d Productio R	n	,		t or Traveling JMPING L		/ No	**	
Producing ANNUL		Annulus / Tub	ing)	——————————————————————————————————————	% C	arbon Diox	ide		% Nitroge	n	Gas G	ravity -	G _o	
Vertical D		······································				Pres	sure Taps				(Meter	Run) (F	Prover) Size	
Pressure	Buildup:	Shut in	-24	2	0_13_at_1	2:30	(AM) (PM)	Taken_7-	25	20	13 _{at} 12:30		(AM) (PM)	
Well on L	ine:	Started									at		(AM) (PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shut	-in2	4 Hours	
Static / Dynamic	Orifice Size	Prover Pre		Pressure Differential in		Well Head Temperature	Casing Wellhead Pressure (P _w) or (P ₁) or (P ₀)		Tubing Welthead Pressure (P _w) or (P _c) or (P _c)		Duration (Hours)		Liquid Produced (Barrels)	
Property Shut-In	(inches	psig (Pr	n)	Inches H ₂ 0	ŧ .	t	psig	psia	psig	psia	· · · · · · · · · · · · · · · · · · ·	 	`	
Flow							65				24	1		
,I		l				FLOW STE	REAM ATTRI	RUTES		<u> </u>				
Plate Coeffiect (F _b) (F Mcfd	ient ,)	Circle one: Meter or rover Pressure psia		Press Grav Extension Fact ✓ P _m xh F _q		rity Flowing Temperature		Devi Fa	Deviation Metered Fix Factor R F _{p'} (Mcfd)		GOR (Cubic Fe Barrel)	eet/	Flowing Fluid Gravity G _m	
P _e)² =		: (P"):	? =	:	(OPEN FLO		'ERABILITY)	CALCUL - 14.4) +		:	(P _a) (P _d)) ² = 0.2	207	
		(P _c) ² - (P _w) ²	Choos 1.	oose formula 1 or 2: 1. P ² - P ² 2. P ² - P ² ded by: P ² - P ² by:		Backpress Slope		sure Curve = "n" n x LC gned d Stope		og [Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)	
Once The			<u> </u>		SE acia		Define the	····				<u></u>		
Open Flov	···		<u>r</u>	Vicid @ 14.	os psia		Deliverabil	ity		<u></u>	Vicfd @ 14.65 ps	ıa		
	_	•					e is duly aut			above repor	t and that he ha		dedge of 20 13	
				,							,			
		Witnes	s (if any)				7	y an	us w	For Co	ompany	Kee	WICH	
		For Co	nmission			· · · · · · · · · · · · · · · · · · ·	H	· 		Check	(eg/dy	_טבר	1 2 201	
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												R	ECEIVE	

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 ELLIOTT 1-5 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 vacuum at the present time; KCC approval Docket No.
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is on 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 Commissio staff as necessary to corroborate this claim for exemption from testing.
Date: _DECEMBER 10, 2013
Signature: / Alunc W M SC Title: MERMAN L LOEB LLC AREA SUPERVISOR

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.