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

Type Test						(	See Instr	ructions on Re	verse Side	e)					
_ :	en Flov Iliverabi					Test Date					No. 15	00.00			
Company		,				10-2-13		Lease		15-	119-00170-	00-00	Well	1 Number	
HERMA		EB	LLC			•		EASTE	RDAY			1.	-23		
County Location MEADE C SW NE					Section 23		TWP 34S			RNG (E/W) 26W		Acre 640	es Attributed		
Field MCKINN	IEY					Reservoir MORRO			-		thering Conn				
Completion Date 12-5-52				Plug Bac 5950	k Total D	epth	Packer Set at NONE		Set at						
Casing Size Weight 5.50 15.50					Internal I 4.950	Diameter		Set at 5950		Perforations 5800		857			
Tubing Size Weight 2.375 4.70					Internal I	Diameter	Set	Set at 5800		Perforations		)			
Type Con		(De				Type Flui WATE					nit or Traveling		Yes / N	lo	
	g Thru	(Ann	ulus / Tubing	j)			arbon Di	oxide		% Nitrog			as Gravity	/ - G <sub>g</sub>	
Vertical D		)					Pr	ressure Taps				(M	leter Run)	) (Prover) Size	
Pressure	Buildur	o: S	Shut in10-2	2		13 <sub>at</sub> 1	0:30	(AM) (PM)	Taken 10	0-3	20	13 at 10	):30	(AM) (PM)	
Well on Line:			Started											- ,, ,	
			<del>-</del>				OBSER	VED SURFAC	E DATA		······································	Duration of	Shut-in_	24 Hours	
Static / Dynamic			Circle one: Meter Prover Pressu	Differ	sure ential	Flowing Temperature t	Well Hea Temperatu	ura Wellhead	Pressure Wellhe		Tubing ad Pressure r (P <sub>s</sub> ) or (P <sub>s</sub> )	Duration (Hours)		Liquid Produced (Barrels)	
	(IIICIIE	15)	psig (Pm)	Inche	s H <sub>z</sub> 0		<u> </u>	psig	psia	psig	psia				
Shut-In								70		<u></u> .		24			
Flow															
	<del></del>					<del>,</del>	FLOW S	TREAM ATTR	BUTES	<del></del> 1		•			
Plate Coefficeient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		ı	Circle one: Meter or Prover Pressure psia		Press Extension ✓ P <sub>m</sub> x h		rity tor	Flowing Temperature Factor F <sub>11</sub>	Deviation Factor F <sub>pv</sub>		Metered Flow R (Mcfd)	(Cu	GOR bic Feet/ Barrel)	Flowing Fluid Gravity G <sub>m</sub>	
<del>,</del>			<u></u>			(OBEN EL	OWA (DEL	LIVERABILITY	CAL CIT	ATIONS			-		
P <sub>c</sub> )² =		_:	(P <sub>w</sub> ) <sup>2</sup> =		_:_	P <sub>d</sub> =	(DEL		) CALCUL 2 <sub>e</sub> - 14.4) +		:		$(P_a)^2 = (P_d)^2 =$	0.207	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		1. P <sub>c</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> divided by: F	P <sub>e</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P,2. P,2	Sio	Backpressure Curve Slope = "n" or Assigned Standard Slope		oe	Antilog		Open Flow Deliverability Equals R x Antilog (Mcfd)	
										.					
Open Flor	w			Mcfd	<b>@</b> 14.	65 psia		Deliverat	oility			Mcfd @ 14.6	65 psia		
								the is duly at			ovember	rt and that I	he has kn	-	
ie Tacts s	iated th	ereir	i, and that sa	ua report	is tru	e and correc	i. Execut	ted this the _1		day of		150	K	<sub>, 20</sub> <u>13</u> SC WICH	
			Witness (if	any)					yu	wer	For (	Company			
			For Commi	ission				· //-	<u> </u>		Chec	cked by		DEC 12 201	
											•			RECEIVE	

exempt	sclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request status under Rule K.A.R. 82-3-304 on behalf of the operator HERMAN L LOEB LLC
	t the foregoing pressure information and statements contained on this application form are true an to the best of my knowledge and belief based upon available production summaries and lease record
of equip	ment installation and/or upon type of completion or upon use being made of the gas well herein named reby request a one-year exemption from open flow testing for theEASTERDAY 1-23
	I 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
	is not capable of producing at a daily rate in excess of 250 mcf/D
l fu	ther agree to supply to the best of my ability any and all supporting documents deemed by Commis
staff as	necessary to corroborate this claim for exemption from testing.
) Date: <u> </u>	IOVEMBER 16, 2013
	Signature:
	Title HERIVIAN L LOED 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.