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

Type Test	t:					0	See Instru	ctions on A	everse Sic	ie)	•			
Op	en Flo	w												
De	liverab	ilty				Test Date 7-28 thr	:: u 7-29, 2(	014			No. 15 007-10298-1	00-00		
Company		OE!	B, LLC					Lease ROOT	В			3		il Number
County BARBER	₹	*****	Loca C S2 I			Section 15		TWP 33S	·	RNG (E/ 13W	W)		Acı	res Attributed
Field MEDICII	NE LO	DDG	E		,	Reservoir MISSIS	SIPPIAN			Gas Gat ONEO	hering Conn	•		
Completic 8-25-193		te				Plug Bad 4820	k Total De	pth	,	Packer S NONE	et at		1.	
Casing S 7.000	ize		Weig 24.0		······································	Internal D	Diameter	Set 48		Perfo 454	rations	To 457		
Tubing Si 2.375	ize	· • · · · · · · · · · · · · · · · · · ·	Weig 4.70			Internal E	Diameter	Set 46:		Perio		То	<u>!</u>	·······
Type Con		n (De	escribe)		•	Type Flui	d Production	on .		Pump Ur PUMP		Plunger? \	res /	No
Producing	•	(Ana	nulus / Tubir	ng)	* 4		arbon Dio	xide		% Nitrog	en	Gas	Gravi	ty - G <sub>g</sub>
Vertical D		i)					Pre	ssure Taps	<u>.</u>			(Me	ter Rur	n) (Prover) Size
Pressure	Buildu	p:	Shut in 7-2	28		14 at 1	45 PM	(AM) (PM	) Taken_7	'-29	20	14 at 2:00	) PM	(AM) (PM)
Well on L	ine:		Started		20	) at		_ (AM) (PM	) Taken_		20	at	! <del>}</del>	(AM) (PM)
				•	•		OBSERV	ED SURFA	CE DATA			Duration of S	hut-in	24 Hours
Static / Dynamic	Orifi Siz	e	Circle one: Meter Prover Press	- 1	Pressure Differential in	Flowing Temperature	Flowing Well Head Mellhead Pressure Wellhead Pressure Wellhead Pressure Wellhead Pressure (P.) or (P.)		Duration (Hours)	ei e e e e e	Liquid Produced (Barrels)			
Property	(inch	esj	psig (Pm)		Inches H <sub>2</sub> 0	<u> </u>	t	psig	psia	psig	psia			
Shut-In				_			-	40				24	·	
Flow					.1			•	<u> </u>		1	<u> </u>	$\stackrel{\cdot}{\vdash}$	
(				Τ-			FLOW ST	REAM ATT	RIBUTES	··· · · · · · · · · · · · · · · · · ·	<del> </del>	1	·. 4	
Plate Coeffiec (F <sub>b</sub> ) (F Mcfd	ient p)	Pro	Circle one: Meter of over Pressure psia		Press Extension	Grav Fact F <sub>g</sub>	tor	Flowing Temperature Factor F <sub>11</sub>		eviation Factor F <sub>pv</sub>	Metered Flor R (Mcfd)	(Cubi	OR c Feet/ πel)	Flowing Fluid Gravity G <sub>m</sub>
	l				<del> </del>	.1.					-		.' 	
(P <sub>c</sub> ) <sup>2</sup> =			(P <sub>w</sub> ) <sup>2</sup> :			(OPEN FLO	OW) (DELI	VERABILIT	<b>Y) CALCU</b> (P <sub>c</sub> - 14.4)			•	$(P_a)^2 = (P_d)^2 =$	0.207
(P <sub>c</sub> ) <sup>2</sup> - (I		(F	P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Cho	ose formuta 1 or 2: 1. P <sub>c</sub> <sup>2</sup> - P <sub>e</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup>	LOG of tormula 1. or 2. and divide by:	P <sub>2</sub> -P <sub>2</sub>	Backp Si	ressure Cun lope = "n" or Assigned Indard Slope	/e	.od [	Antilog		Open Flow Deliverability quals R x Antilog (Mcfd)
				- AASO	ed by: P <sub>c</sub> <sup>2</sup> -P <sub>w</sub> <sup>2</sup>	1	<u>.                                    </u>	J.Z.	copa		·		; ;!	-
Open Flo	w		·····	1	Mcfd @ 14.6	55 psia		Deliver	ability		··-	Mcfd @ 14.65	psia	
									authorized	to make th	e above repo	ort and that he	has i	knowledge of
the facts s	tated t	herei	n, and that s	said	report is true	and correct KA	t. Execute NSAS COR	RECEIVED PORATION (	17TH COMMISSIO	_ day of A	UGUST		•	, 20 <u>14</u>
			Witness	(if am	1)			G 2 5 2		"ALCO	For	Company	li .	
			For Com	missio	n .	· · ·	CONSE	RVATION DIV		•	Che	cked by		

exempt status under Rule K.A.R. 82-3-30 and that the foregoing pressure information correct to the best of my knowledge and of equipment installation and/or upon type.  I hereby request a one-year exemption	nder the laws of the state of Kansas that I am authorized to request 14 on behalf of the operator HERMAN L. LOEB, LLC ation and statements contained on this application form are true and belief based upon available production summaries and lease records the of completion or upon use being made of the gas well herein named. Son from open flow testing for the ROOT B 3
gas well on the grounds that said well:	
	ducing at a daily rate in excess of 250 mcf/D of my ability any and all supporting documents deemed by Commission
staff as necessary to corroborate this cl	aim for exemption from testing.
Date: 8-17-2014  RECEIVED KANSAS CORPORATION COMMISSION	<b>V</b>
AUG 2 5 2014	
CONSERVATION DIVISION WICHITA, KS	Signature: Alan Vieth
	Title: REP. HERMAN L. LOEB, LLC

## 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.