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

Type Test	t:				i	(See Ins	tructi	ions on Rev	rerse Side	)		•		
Op	en Flo	w			Test D	ato:				ADI	No. 15	at .		
De	liverab	ilty				iru 8-8, 20	)14				007-10287-(	00-00		
Company		OE	3, LLC					Lease CINDA I	YTLE			3	Well N	umber
County BARBER	₹		Locat C SE f	ion	Sectio	n		TWP 33S		RNG (E	W)	şı	Acres	Attributed
Field MEDICII	NE LC	DG	E - BOGG	6	Resen	voir ISSIPPIA	N			Gas Gal	thering Conn K	ection		
Completic 6-24-193		e			Plug 8 4580	lack Total	Depti	h		Packer S NONE				
Casing S 7.000	ize		Weig 24.00		Interna 6.336	d Diameter	7	Set a 4468		Perfo 446	rations 8	To 4580	-	
Tubing Si	ize		Weig	nt	Interna	d Diameter	r	Set a	t	Perfo	rations	То		
Type Con		n (De	escribe)			luid Produ				Pump U	nit or Traveling /ING	Plunger? Yes	/ No	
Producing	•	(Anr	nulus / Tubin	g)	%	Carbon E	Dioxic	ie		% Nitrog	jen	Gas G	ravity -	G,
Vertical D	epth(F	1)				f	Press	ure Taps			<del></del>	(Meter	Run) (F	Prover) Size
Pressure	Buildu	<b>p</b> :	Shut in 8-7	,	20_14 at	1:30 PM	1	(AM) (PM)	Taken_8-	8	20	14 at 1:45 I	M	(AM) (PM)
Well on L	ine:		Started		20 at			(AM) (PM)	Taken		20	at		(AM) (PM)
					ı	OBSE	RVE	SURFACE	DATA			Duration of Shu	-in _24	Hours
Static / Dynamic Property	Orifi Siz (inch	е	Circle one: Meter Prover Press		Temperati			Casi Wellhead I (P, ) or (P,	Pressure	Wellhe	Tubing ead Pressure r (P <sub>1</sub> ) or (P <sub>c</sub> )	Duration (Hours)		id Produced (Barrels)
Shut-In			psig (Pm)	Inches H <sub>2</sub> (	<u>'                                     </u>			psig 45	psia	psig	psia	24		
Flow														
						FLOW	STR	EAM ATTRI	BUTES		· · · · · · · · · · · · · · · · · · ·	····		
Plate Coeffiec (F <sub>b</sub> ) (F Mcfd	ient ,)	Pro	Circle one: Meter or over Pressure psia	Press Extension	F	aravity Factor F <sub>g</sub>	Ti	Flowing emperature Factor F <sub>11</sub>	Fa	ation ctor	Metered Flow R (Mcfd)	v GOR (Cubic F Barre	eet/	Flowing Fluid Gravity G <sub>m</sub>
(D.)2.—			/D \2		-			ERABILITY)					) <sup>2</sup> = 0.2	207
(P <sub>c</sub> ) <sup>2</sup> =	I	<u> :                                   </u>	(P <sub>w</sub> ) <sup>2</sup> =	Choose formula 1 ò		<u>-</u>	<u></u> *	1	c - 14.4) +	14.4 = _		, , ,	)² = 	
(P <sub>c</sub> ) <sup>2</sup> - (I or (P <sub>c</sub> ) <sup>2</sup> - (I	- I	(F	° <sub>c</sub> )²- (P <sub>w</sub> )²	1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - F	LOG formul 1. or 2 and div	ta 2.	2	Stop	e = "n" or signed ard Slope	nx	rog	Antilog	De	pen Flow liverability s R x Antilog (Mcfd)
													ļ	
<u> </u>								<u> </u>		<u>.                                    </u>		i ii	<u> </u>	
Open Flo	w		<del>,</del> .	Mcfd @ 1	4.65 psia		-	Deliverabi	ility		<del> ,</del>	Mcfd @ 14.65 ps	sia	
		•		n behalf of th aid report is tr		•		•			ne above repo	rt and that he h		riedge of 20 14 .
			, and that t	i		RF(	?FI\/I	ED ON COMMISS		10.	West	R	'	
			Witness	il any)			_			T	For	ompeny		
			For Corns	nission	······································	AUU	۷)	2014 _			Che	cked by		

CONSERVATION DIVISION WICHITA KS

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized 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 correct to the best of my knowledge and belief based upon available production summaries of equipment installation and/or upon type of completion or upon use being made of the gas we have the contract of the	form are true and and lease records rell herein named.
I hereby request a one-year exemption from open flow testing for the CINDA LYTLE #3 gas well on the grounds that said well:	6
(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	• • • • • • • • • • • • • • • • • • •
I further agree to supply to the best of my ability any and all supporting documents dee	med by Commission
staff as necessary to corroborate this claim for exemption from testing.	ı
Date: 8-17-2014	, 5
RECEIVED KANSAS CORPORATION COMMISSION  AUG 2 5 2014 Signature: Han Chath	
CONSERVATION DIVISION Title: REP. HERMAN L. LOEB, LLC WICHITA, KS	; !! ,!

## 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.