KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:		N _c	6	See Instruct	tions on Re	verse Side)				
□ Ор	en Flow	,										
De	liverabil	ty		Test Date 7-25 thr	_: : u 7-26, 20 [.]	14			No. 15 007-10289-(00-00		
Company HERMAI		DEB, LLC				Lease CINDA	LYTLE			2	Well Nu	mber
County Location BARBER C NE NW NW		Section 13		TWP 33S		RNG (E/W) 13W		11	Acres /	Attributed		
Field MEDICINE LODGE			Reservoir MISSISSIPPIAN				Gas Gathering Connection ONEOK					
Completic 1-14-193				Plug Bac 4580	k Total Dept	th		Packer S NONE	et at	ł. 1	•	
Casing Size Weight 7.000 24.000			Internal D 6.336	Diameter		Set at Perforations 4468 4468			то 458(
Tubing Size Weight 2.375 4.70		•	Internal E 1.995	Diameter		Set at Perfo 4580 OP		ations N	То		,	
Type Con SINGLE		(Describe)	,.	·				Pump Unit or Traveling Plunger? Y			s / No	
Producing	•	Annulus / Tubir	ng)	% C	arbon Dioxi	ide		% Nitrog	en	Gas	Gravity -	G ₀
Vertical D		<u></u>			Pres	sure Taps		<u> </u>		(Met	er Run) (P	rover) Size
Pressure	Buildup	: Shut in	25 2	0_14_at_2	:00 PM	(AM) (PM)	Taken_7-	26	20	14 at 2:15	РМ	(AM) (PM)
Well on L	ine:	Started			*.					at		(AM) (PM)
			,		OBSERVE	D SURFAC	E DATA	·		Duration of Sh	ut-in_24	Hours
Static / Orifi Dynamic Siz		' Meter	Differential	Flowing Temperature	Well Head Temperature	auggard headlaw		Tubing Wellhead Pressure (P,) or (P,) or (P,)		Duration (Hours)	Liquid Produced (Barrels)	
Property	(inche	s) psig (Pm)	1 31	t	t	psig	psia	psig	psia	i,		
Shut-In		-	i.			52				24		
Flow				·								
···	··· 1	 	1	.,	FLOW STR	REAM ATTR	IBULES			1 2		T
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension Pmxh	Grav Fact F _c	tor 1	Flowing Temperature Factor F ₁₁		Deviation Metered Factor R F _{pv} (Mcfd		v GC (Cubic Ban	Feet/	Flowing Fluid Gravity G _m
		<u></u>	1	(OPEN FL	OW) (DELIV	ERABILITY) CALCUL	ATIONS		<u> </u>	$(a^2)^2 = 0.2$	007
(P _c) ² =		: (P _w) ² :		P _d =			P _c - 14.4) +		:		$(a_0)^2 = 0.2$	
(P _c)²- (I or (P _c)²- (I	•	(P _c)²- (P _w)²	1. P ₂ - P ₃ 2. P ₂ - P ₃ divided by: P ₂ - P ₃	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Slo	essure Curve pe = "n" - or signed lard Slope	n x l	.oo []	Antilog	De Equal:	pen Flow liverability s R x Antilog (Mcfd)
										ľ		
		-								i		
Open Flor			Mcfd @ 14.			Deliverat		<u> </u>		Mcfd @ 14.65		
			on behalf of the	and correc		this the 1	7TH	day of A		or and that he		20 <u>14</u> .
		Witness	(if any)		AUG 2 5	5 2014		Han	For	Company		
		For Com	mission		ONSERVATIO WICHITA	N DIVISION	·		Che	cked by		

	. !
I declare under penalty of perjury under the laws of the state of Kansas that I am authorize	ed 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 l	ease records
of equipment installation and/or upon type of completion or upon use being made of the gas well h	erein named.
I hereby request a one-year exemption from open flow testing for the CINDA LYTLE #2	: ¹
gas well on the grounds that said well:	•
	,' } ¹
(Check one)	i Le
is a coalbed methane producer	ï
is cycled on plunger lift due to water	i I
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	r I _i
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.	ν - -
	† ; j,
Date: 8-17-2014	i i
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RECEIVED KANSAS CORPORATION COMMISSION	
	<i>l'</i>
Signature: Signature:	ş •
CONSERVATION DIVISION WICHITA; KS Title: REP. HERMAN L. LOEB, LLC	1 1
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	6 1
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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.