KANSAS CORPORATION COMMISSION
ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

| Type Test | t: | | | | ٠ | (| See Instru | ctions on Re | everse Side |)) | | | • | | | |
|---|-----------|---|---|--|---|------------------------------------|---------------------------------------|---|---|----------------|--|----------|---------------------------------------|---|---|--|
| Op | en Flo | N | | | | | | | | | | | | | | |
| Deliverabilty | | | | Test Date: 9-4 thru 9-5, 2014 | | | API No. 15 15-007-00218-00-00 | | | | | | | | | |
| Company HERMA | | OE | B, LLC | | | | | Lease COLBO | ORN | - | | | 1 . | Well Nur | nber | |
| County Location BARBER NE SW NW | | | | Section 10 | | TWP 33S | | | RNG (E/W) 11W | | 4 / | Acres A | ttributed | | | |
| Field MEDICINE LODGE-BOGGS | | | | | Reservoir MISSISSIPPIAN | | | Gas Gathering Connection ATLAS | | | '1 | | , , , , , , , , , , , , , , , , , , , | | | |
| Completion Date 8-30-1940 | | | | Plug Bac 4719 | Plug Back Total Depth 4719 | | | Packer Set at NONE | | | | | | | | |
| Casing Size Weight 7.000 24.00 | | | | Internal f | Diameter | | Set at 4640 | | Perforations 4640 | | To 4719 | , | | | | |
| Tubing Size Weight NONE | | | | | Internal Diameter Set at | | | Perforations | | | То | | · | | | |
| Type Completion (Describe) SINGLE | | | | Type Flui | Type Fluid Production GAS | | | | Pump Unit or Traveling Plunger? Yes / No FLOWING | | | | | | | |
| Producing CASING | • | (Anr | nulus / Tubir | ig) | | % (| Carbon Dio | xide | | % Nitroge | en | | Gas Gr | avity - G | g | |
| Vertical D | | l). | | | | | Pre | ssure Taps | | | | | (Meter F | Run) (Pr | over) Size | |
| Pressure | Buildu | p: \$ | Shut in 9-4 | 1 | 2 | 0_14_at_1 | :00 PM | _ (AM) (PM) | Taken 9- | -5 | 20 | 14 at_ | 1:30 P | M (| M) (PM) | |
| Well on L | ine: | ; | Started | | 2 | 0 at | | _ (AM) (PM) | Taken | | 20 | at _ | ÷ t | (/ | AM) (PM) | |
| | | | | | | | OBSERV | ED SURFAC | E DATA | | | Duration | of Shut- | _{in} _24 | Hours | |
| Static / Dynamic Property | amic Size | | Circle one: Meter Prover Press psig (Pm) | <i>ure</i> Dif | essure ferential ' in hes H _e 0 | Flowing Temperature t | emperature Temperature | | (P _w) or (P ₁) or (P _c) | | Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c) | | Duration (Hours) | | Liquid Produced (Barrels) | |
| Shut-In | | | P-3(, | 1 | , | | | | psia | psig | psig psia | | 24 | | | |
| Flow | | | | | | | | | | | | | | | | |
| | | | <u> </u> | , | | - | FLOW ST | REAM ATTI | RIBUTES | | | | | т | | |
| Plate Coeffiecient (F _b) (F _p) Mcfd | | Circle one: Meter or Prover Pressure psia | | Ex | Press Extension ✓ P _m x h | | Gravity Factor F _g | | Flowing Temperature Factor F ₁₁ Deviat | | tor R | | W GOR (Cubic Fee Barrel) | | Flowing Fluid Gravity G _m | |
| · · · · · · · · · · · · · · · · · · · | <u>_</u> | | | 1 | | (OPEN FL | OW) (DELI | VERABILITY | Y) CALCUI | ATIONS | · · · · · - · · · · · · · · · · · · · · | | · · · · · | | | |
| (P _c) ² = | | : | (P_)² : | = | : | P _d = | • • | | P _c - 14.4) + | | : | | (P _a): | ²= 0.20 ²= | 97 | |
| $(P_c)^2 - (P_s)^2$ or $(P_c)^2 - (P_d)^2$ | | (P _c) ² - (P _w) ² | | Choose formula 1 or 2: 1. P _c ² -P _d ² 2. P _c ² -P _d ² divided by: P _c ² -P _d ² | | LOG of formula 1. or 2. and divide | | Backpri Sk | Backpressure Curve Slope = "n" | | .og [] | Antilog | | Open Flow Deliverability Equals R x Antilog (Mcfd) | | |
| | | | | | | | | | | | | | 1 | | | |
| Omen 51 | | | | | | CE =='= | · · · · · · · · · · · · · · · · · · · | D-" | | | 7 | M44 0 : | 4.05 4 | <u></u> | | |
| Open Flor | W | | | MC | fd @ 14. | oo psia | | Delivera | ullity | | · | Mcfd @ 1 | 4.05 PSI | a | | |
| | | ٠. | • | | | | | he is duly a d this the $\frac{1}{2}$ | | | e above repo EPTEMBER | | at he ha | | edge of 0 14 | |
| | | | Witness | | | | | | | Slark | Lat | Imperny | KANSAS | Rece | eived | |
| | | | | | | | | | | | | | | | 1. 2016 | |
| | | | For Com | nission | | | | | | | Che | cked by | | FP Z | 4 ZU14 | |

| | nder the laws of the state of Kansas that I am an an Ambertal of the operator HERMAN L. LOEB, L | 2 - | | | |
|---|---|---------------------------------------|--|--|--|
| | ation and statements contained on this application | , i | | | |
| orrect to the best of my knowledge and | belief based upon available production summarie | es and lease records | | | |
| f equipment installation and/or upon type | e of completion or upon use being made of the ga | s well herein named. | | | |
| I hereby request a one-year exemption | on from open flow testing for the COLBORN #1 | · | | | |
| as well on the grounds that said well: | s well on the grounds that said well: | | | | |
| | | : | | | |
| (Check one) | | | | | |
| is a coalbed methane | | | | | |
| is cycled on plunger li | | , ' | | | |
| | gas for injection into an oil reservoir undergoing | EM | | | |
| <u> </u> | resent time; KCC approval Docket No ducing at a daily rate in excess of 250 mcf/D | | | | |
| is not capable of prod | ducing at a daily rate in excess of 250 mc/b | • | | | |
| I further agree to supply to the best | of my ability any and all supporting documents d | eemed by Commissio | | | |
| taff as necessary to corroborate this cla | | • • • • • • • • • • • • • • • • • • • | | | |
| • | | | | | |
| 0 11 21014 | | | | | |
| Pate: 9-11-21014 | | | | | |
| | | 1 | | | |
| | | | | | |
| | Signature: Saltat | | | | |
| | Title: REP. HERMAN L. LOEB, LLC | ı | | | |

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.

Received

KANSAS CORPORATION COMMISSION

SEP 2 4 2014