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

Type Test	t:	~~		(	See Instruct	ions on Rev	erse Side	<i>)</i>					
□ Ор	en Flow	MIZIT		T D				ADI	No. dE				
De	liverabilty			Test Date 10/8/14	:				Na. 15 -20333-00 <b>5</b>	O.			
Company		urces		10.07.1		Lease Ihrig					1-15	Well Nu	mber
County Shermar	n	Locat SESE	lion	Section 15		TWP 7S		RNG (E/	W)			Acres A 80	ttributed
Field Goodlan	ıd			Reservoir					hering Conn Systems In				
Completion 10/29/20				Plug Bac 1201'	k Total Dept	h	_	Packer S	Set at				
Casing Si 4 1/2"	ize	Weig 10.5		Internal E 4.052	Diameter	Set at 1205		Perfo 100	rations 6'		To 1039'	_	
Tubing Si	ize	Weig	ht	Internal C	lameter	Set at	ł	Perfo	rations	_	То	_	
Type Con Single (				Type Flui Dry Ga	d Production	n		Pump Ur Flowin	nit or Traveling	Plunger	? Yes	/ (No)	
Producing	•	nnulus / Tubir	ng)	% C	arbon Dioxi	de	_	% Nitrog	en	_	Gas G	ravity - G	9
Vertical D	epth(H)				Pres	sure Taps					(Meter	Run) (Pr	over) Size
1039'					Flan	ge					2"		
Pressure	Buildup:	Shut in 10	-72			(AM) (PM)			20			(	ам) (РМ)
Well on L	ine:	Started 10	-8 20	14 at 2:	:10 	(AM) (PM)	Taken <u>10</u>	)-9	20	14 at .	3:00	(	AM) (PM)
					OBSERVE	D SURFACE	DATA			Duration	of Shut	-in <u>24</u>	Hours
Static /	Orifice Size	Circle one: Meter Prover Press	Differential	Flowing Temperature	Well Head Temperature	Casii Wellhead F	ressure	Wellhe	Fubing ad Pressure		ation ours)		Produced
Property	(inches)	psig (Pm)	l I	t	t	(P, ) or (P, psig	psia_	psig	r(P <sub>t</sub> ) or (P <sub>e</sub> ) psia				<del></del> _
Shut-In						8	22.4						
Flow				_		4	18.4			24		0	
					FLOW STR	EAM ATTRI	BUTES						
Plate Coeffiec (F <sub>b</sub> ) (F Mcfd	eient (p)	Circle one: Meter or Prover Pressure psia	Press Extension ✓ P <sub>m</sub> x h	Grav Fact	or 1	Flowing Femperature Factor F <sub>ft</sub>	Fa	iation etor <sub>pv</sub>	Metered Flow R (Mcfd)	v   _	GOR (Cubic Fo Barrel)	eet/	Flowing Fluid Gravity G <sub>m</sub>
									6		_		
(P <sub>c</sub> ) <sup>2</sup> =	:	(P <sub>w</sub> ) <sup>2</sup> :				ERABILITY)		ATIONS 14.4 =	:			) <sup>2</sup> = 0.2(	)7 _
(P <sub>c</sub> ) <sup>2</sup> - (I		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2.  1. P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup> 2. P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup> divided by: P <sub>o</sub> <sup>2</sup> - P <sub>o</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P <sub>c</sub> <sup>2</sup> · P <sub>w</sub> <sup>2</sup>	Backpres Slop  Ass	sure Curve e = "n" origned ard Slope	n x		Ant	iilog	Op Deli Equals	en Flow verability R x Antilog Mcfd)
											_		
Open Flo	<u></u>		Mcfd @ 14.	65 psia	<u> </u>	Deliverabi	lity			Mcfd @	 14,65 ps	sia	-
The	undersign		on behalf of the	Company, s		e is duly au	thorized t			ort and th	nat he h	as know	edge of
the facts s	stated ther	ein, and that s	said report is true							, 1		- i	. 14
		Witness	(if any)	K	CC W	ICH!TA		Tar	INUL For	TV Company	U	we	J
		For Com	mission		FEB 2:	3 2015 -			Che	cked by			

RECEIVED

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to request exempt status under Rule K.A.R. 82-3-304 on behalf of the operator Rosewood Resources, Inc.  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 lease records of equipment installation and/or upon type of completion or upon use being made of the gas well herein named.  I hereby request a one-year exemption from open flow testing for the Ihrig 1-15  gas well 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  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.  Date:
FEB 2 3 2015  RECEIVED  Signature:

## 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.

W407 Ihrig 1-15 North Goodland Goodland None October-14

	Casing	_	-	HRS		REMARKS
DATE	PSI	STATIC	MCF	DOV	VN _	(Maximum length 110 characters)
10/1/2014		4	17	8	0	
10/2/2014		5	18	6	0	
10/3/2014		5	18	6	0	
10/4/2014		5	18	6	0	
10/5/2014		5	18	6	0	
10/6/2014		5	18	6	0	
10/7/2014		4	17	6	0	shut in for state
10/8/2014		8	21	0	24	opened up
10/9/2014		4	17	7	0	
10/10/2014		4	17	6	0	
10/11/2014		4	17	6	I	
10/12/2014		4	17	6	0	
10/13/2014		4	17	6	0	
10/14/2014		4	17	7	0	
10/15/2014		4	17	7	0	
10/16/2014		4	17	7	1	
10/17/2014		4	17	7	0	
10/18/2014		4	17	7	0	
10/19/2014		4	17	7	0	
10/20/2014		4	17	7	0	
10/21/2014		4	17	7	0	
10/22/2014		5	18	6	0	
10/23/2014		5	18	6	0	
10/24/2014		5	18	6	0	
10/25/2014		5	18	6	0	
10/26/2014		5	18	6	0	
10/27/2014		5	18	6	0	
10/28/2014		5	18	6	0	
10/29/2014		5	18	7	0	
10/30/2014		5	18	7	0	
10/31/2014		5	18	7	0	

Total 194

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W407 Ihrig 1-15 North Goodland Goodland None November-14

	Casing			HRS		REMARKS
DATE	PSI	STATIC	MCF	DOWN		(Maximum length 110 characters)
11/1/2014		5 1	8	6	0	
11/2/2014		5 1	.8	6	0	
11/3/2014		5 1	8	6	0	
11/4/2014	,	5 1	8	6	0	
11/5/2014		5 !	8	6	0	
11/6/2014		5 1	8	6	0	
11/7/2014		5 1	8	6	0	
11/8/2014		3 1	.6	7	0	
11/9/2014		3 1	6	7	0	
11/10/2014		3 1	6	7	0	
11/11/2014		3 1	6	7	0	
11/12/2014		3 1	6	7	0	
11/13/2014	;	3 1	6	7	0	
11/14/2014		3 1	6	6	0	
11/15/2014		3 1	6	5	0	
11/16/2014		3 1	6	4	0	
11/17/2014		3 1	.6	5	0	
11/18/2014		3 1	6	5	0	
11/19/2014		3 1	6	8	0	
11/20/2014		3 1	6	7	0	
11/21/2014	,	3 1	6	7	0	
11/22/2014	,	3 1	6	7	0	
11/23/2014		3 1	.6	7	0	
11/24/2014		3 1	6	7	0	
11/25/2014		3 1	6	7	1.5	
11/26/2014		3 1	6	7	0	
11/27/2014		3 1	.6	7	0	
11/28/2014		3 1	.6	7	0	
11/29/2014		3 1	6	7	0	
11/30/2014		3 1	6	7	0	
12/1/2014					0	

Total 194

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W407 Ihrig 1-15 North Goodland Goodland None December-14

	Casing			HRS		REMARKS
DATE	PSI	STATIC	MCF	DOWN		(Maximum length 110 characters)
12/1/2014		4 1	17	5	0	-
12/2/2014		4 1	17	7	0	
12/3/2014		4 1	17	6	0	
12/4/2014		4 1	17	6	0	
12/5/2014		4 1	17	6	0	
12/6/2014		4 1	17	6	0	
12/7/2014		4 1	17	6	0	
12/8/2014		4 1	17	6	0	
12/9/2014		<b>4</b> 1	17	6	0	
12/10/2014		4 i	17	7	0	
12/11/2014		4 1	17	6	0	
12/12/2014		4 1	17	6	0	
12/13/2014		4 1	17	7	0	
12/14/2014		<b>4</b> 1	17	6	0	
12/15/2014		4 1	17	6	0	
12/16/2014		4 1	17	5	0	
12/17/2014		4 1	17	7	0	
12/18/2014		4 1	17	6	0	
12/19/2014		4	17	6	0	
12/20/2014		4 1	17	5	0	
12/21/2014		4 1	17	7	0	
12/22/2014		4 1	17	7	0	
12/23/2014		4 1	17	6	0	
12/24/2014		4	17	6	0	
12/25/2014		4 1	17	6	0	
12/26/2014		4 ]	17	6	0	
12/27/2014		4 1	17	5	0	
12/28/2014		4 1	17	7	0	
12/29/2014		4	17	7	0	
12/30/2014		4 1	17	6	0	
12/31/2014		4	17	9	0	

Total 193

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