Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test	t:				6	See Instruc	tions on Re	verse Side	·)				
✓ Open Flow					T4 D-4-				N- 46				
Deliverabilty					Test Date: 6-13&14-2015				API No. 15 15-1 5€ 20303-00-00				
Company HERMA		OE	B.LLC.				Lease TONN			155	#1	Well Nu	ımber
County L			Locati C NW S	-	Section 5			TWP 25S		W)	Acres Attributed		
Field YODER	SOU	THE	AST		Reservoir MISSIS:					hering Conn			
Completic 8-30-75	on Dat	e			Plug Bac	k Total Dept	th		Packer S NONE	et at			
Casing Size 5.000			Weigh 14.00		Internal Diameter 5.000		Set at 3487		Perforations 3487		To 3494		
Tubing Size 2.375			Weight 4.70		Internal Diamete		Set at 3487		Perforations OPEN		То		
Type Con		n (De			Type Flui	d Production		Pump Unit or Travelin PUMPING			g Plunger? Yes / No		
Producing	g Thru	(Anı	nulus / Tubing	9)		arbon Dioxi	ide		% Nitrog		Gas G	ravity - (G _g
ANNUL Vertical D 3491		1)				Pres	sure Taps				(Meter	Run) (P	rover) Size
	Buildu	p:	Shut in 6-1	3 2	0_15_at_7		(AM) (PM)	Taken_6-	14	20	15 _{at} 7	((AM) (PM)
Well on L	ine:	-	Started	2	0 at		(AM) (PM)	Taken		20	at	((AM) (PM)
						OBSERVE	D SURFAC	E DATA	-		Duration of Shu	t-in	Hours
Static / Dynamic Property	Orifi Siz (inch	8	Circle ane: Meter Prover Pressu	Pressure Differential in	Flowing Temperature t	lowing Well Head Wellhead Pressure Wellhead Pressure Wellhead Pressure (P.) or		Duration (Hours)					
Shut-In	(mon		psig (Pm)	Inches H₂0			psig 310	psia	psig	psia	24		
Flow			<u> </u>							-			
l I			<u> </u>			FLOW STR	REAM ATTR	IBUTES	!	<u> </u>			
Plate Coeffied (F _b) (F	ient p)	Pro	Circle one: Meter or over Pressure	Press Extension ✓ P _m xh	Grav Fact	tor	Flowing Temperature Factor	Fa	iation ctor :	Metered Flov R (Mcfd)	w GOF (Cubic F Barre	eet/	Flowing Fluid Gravity
Mefd	!		psia	m			F ₁₁		PV				G _m
	l			<u> </u>	(OPEN FLO	OW) (DELIV	'ERABILITY) CALCUL	ATIONS	· · · · · · ·	(P)² = 0.2	·07
(P _c) ² =		_:_	(P _w) ² =		P _d =		% (F	o _c - 14.4) +	14.4 =	:) ² =	
(P _c)² - (F or (P _c)² - (F	•	(F)²- (P _w)²	1. P _a ² - P _a ² 2. P _a ² - P _d ² divided by: P _a ² - P _a ²	LOG of formula 1. or 2. and divide	P.2-P.2	Sto	ssure Curve pe = "n" - or signed ard Slope	nxl	.og	Antilog	Deli Equals	pen Flow iverability R x Antilog (Mcfd)
				ortious sy. Te Tw					-				
_											_		
Open Flor	w			Mcfd @ 14.	65 psia		Deliverat	ility			Mcfd @ 14.65 p	sia	
The u	unders	igned	d authority, or	n behalf of the	Company, s	tates that h	e is duly a			•	ort and that he h		ŭ
the facts s	tated ti	herei	n, and that sa	aid report is true	and correct				day of <u>ال</u>	NNE	<u> </u>	,	20 15 .
			Witness (i	fany)			C WIC			For	Company	-	
			For Comm	ission		JL	JL 27 =	2 015 		Che	cked by	<u> </u>	
						ł	RECEIN	/ED					

	er penalty of perjury under the laws of the state of Kansas that I am authorized to request der Rule K.A.R. 82-3-304 on behalf of the operator HERMAN L. LOEB, LLC
	going pressure information and statements contained on this application form are true and
correct to the best	t of my knowledge and belief based upon available production summaries and lease records
• •	allation and/or upon type of completion or upon use being made of the gas well herein named.
I hereby reque	est a one-year exemption from open flow testing for the TONN TI
	ounds that said well:
(Check	
	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.
V	is not capable of producing at a daily rate in excess of 250 mcf/D
I further agree	e to supply to the best of my ability any and all supporting documents deemed by Commission
_	y to corroborate this claim for exemption from testing.
stan as nooccary	, to concentrate the chammer exemption from testing.
C 14 201E	
Date: 6-14-2015	
	KCC WICHITA Signature:
	JUL 27 2015
	RECEIVED

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.