KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST (See Instructions on Reverse Side)

Type Test	:		•	(See Instruct	ions on Hev	erse Siae	')	•			•
= '	en Flow	•	-	Test Date	ə :			API	No. 15			
De	liverabil	ty 			16, 2015				145-30170-0	00-01 ,		
Company HERMAI		EB LLC	-			Lease PARAMO	DRE		<u></u>	#1	Well Nu	ımber
County Location PAWNEE SE SE NE			Section 13			TŴP 23S		W)		Acres A	Attributed	
Field CARPEN	NTER			Reservoi PENN/0	r CONG/BAS	SAL			hering Conne I ENERGY	ection	******	
Completion Date 7/19/1966		Plug Bac 4256	Plug Back Total Depth 4256			Packer Set at NONE		÷				
Casing Size Weight 5.500 15.50			Internal (4,052		Set at 4256		Perforations 4109		то 4127			
Tubing Size Weight 2.375 4.700		ht '	Internal Diameter 1.995		Set at 4073		Perforations OPEN		То		. ,	
		(Describe)	-		d Production				it or Traveling	Plunger? Yes	/ No	
<u> </u>		Annulus / Tubir	ng)		arbon Dioxi	de		% Nitrog		Gas G	aravity - (G _a
TUBING			,	<u> </u>	·	·						
Vertical D 4118	epth(H)				Pres	sure Taps				(Meter	r Run) (P	rover) Size
Pressure	Buildup	Shut in 10	/15	20 <u>15</u> at_		(AM) (PM)	Taken_10)/16	20	15 at	· · ·	(AM) (PM)
Well on Li	ine:	Started	<u> </u>	20 at		(AM) (PM)	Taken	· ·	20	at		(AM) (PM)
				- 	OBSERVE	D SURFACE				Duration of Shu	t-in	Hours
Static / Dynamic Property	Orifice Size (inches	Meter Prover Press	Differential in	lemperature	Well Head Temperature t	Casir Wellhead P (P _w) or (P ₁)	ressure	Wellhe (P _w) o	ubing ad Pressure (P ₁) or (P _c)	Duration (Hours)		d Produced Barrels)
Shut-In		paig (i iii	, inches H ₂ d	<u></u>	-	72	psia ·	psig 66	psia ,psia	24		
Flow	_					32		19	•			
					FLOW STR	EAM ATTRI	BUTES		-			
Plate Coefficcient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension ✓ P _m x h	Grav Fac F	tor T	Temperature Fa		viation . Metered Flow actor R F _{pv} (Mcfd)		GOR (Cubic Feet/ Barrel)		Flowing Fluid Gravity G _m
<u> </u>				_					<u></u>			
(D.)2		. (5.)2		•		ERABILITY)					$_{1})^{2} = 0.2$:07
(P _c) ² =		: (P _w) ² :	Choose formula 1 or	P _d =	 ^		- 14.4) +		;	: ;	₃)² =	
(P _c) ² - (F or (P _c) ² - (F	2 _a) ²	(P _c)² - (P _w)²	 P_c² - P_a² P_c² - P_d² divided by: P_c² - P 	LOG of formula 1. or 2. and divide by:	P _c ² -P _w ²	Slope Assi	e ≈ "n" or gned rd Slope	n x I	.og	Antilog	Del Equals	oen Flow iverability i R x Antilog (Mcfd)
•••					_			<u>.</u>				
O Fla	<u>. </u>	<u> </u>	Model @ 1			Dollysaskii				Motel @ 1465 p.		<u> </u>
Open Flov		mad andberder	Mcfd @ 14		states the t	Deliverabil	· -	n m=l== 11		Mcfd @ 14.65 p		ladac of 1
		_	on benair or the said report is tru			•			e above repo	rt and that he h		1eage of 20 <u>15 </u>
ing, iatis Si	iai e u IIIE	aem, anu mat s	oaiu report is tit	as and collec				uay UI			1 *	
		Witness	(if any).	_	OCT 2	6 2015			For C	Company		
Far Commission			_	RECEIVED				Checked by				

	1			
l declare under penalty of perjui				d to request
exempt status under Rule K.A.R. 82-3				
and that the foregoing pressure info		_		
correct to the best of my knowledge a of equipment installation and/or upon			• ,	
I hereby request a one-year exer				iem named.
gas well on the grounds that said we	•	testing for the	· :	· · · · · · · ·
gas nen en en green as men en a me			· · · · · ·	
(Check one)	'			
is a coalbed meth	ane producer:	:	: :	,
. 	ger lift due to water			
<u>=</u>	•	nto an oil reservoir unde	_	
		approval Docket No	•	
	producing at a daily ra	ite in excess of 250 mc	™ ⊡	:
I further agree to supply to the b	est of my ability any a	nd all supporting docur	nents deemed b	v Commission .
staff as necessary to corroborate thi		***		·
Date: 10/22/2015	, .,			
Bate:			·	
	· ;			
•	• • •	; ******* : *******	:	
		1111	* * * * *	·
	Signature:	Mily	<u> </u>	
KCC WICHITA	Title: Sha	ne Pelton, Prod Super	visor Herman L	Loeb LLC
OCT 2.6 2015				
RECEIVED		,	-	
# April April A man and			<u> </u>	

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.