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

Type Test	t:				(	(See Instruc	tions on Rev	erse Side	<del>?</del> )				
Open Flow					Test Date	p-							
De	iverab	ilty				HRU 10-2	7, 2015	_		No. 15 107 <b>-2248</b> 6	-00-00		
Company HERMAN L. LOEB, LLC						Lease ANGELL C				Well Number 4			
County Location BARBER C NE SE				Section 14		TWP 33S			V)		Acres Attributed		
Field MEDICI	NE L	OD	GE		Reservoi MISSIS	r SSIPPIAN			Gas Gath	ering Conn	ection		
					Plug Bac 4648	Plug Back Total Depth 4648			Packer Se NONE	et at		· <u>.</u>	
Casing Size Weight 5.500 15.500				Internal 1 5.012	Diameter		Set at 5004		Perforations 4484		то 4546		
Tubing Size 2.375			Weig 4.70		Internal C <b>1.</b> 995		Diameter Set at 4600		Perforations NONE		То		
				Type Flui	Type Fluid Production GAS, WATER				Pump Unit or Traveling Plunger? Yes / No PUMPING				
	Thru	(Anr	nulus / Tubir	g)	· ·	Carbon Diox	ide		% Nitroge		Gas Gr	avity - G <sub>g</sub>	
Vertical D		)				Pres	sure Taps				(Meter	Run) (Prover) Size	
Droopure	Quital	n• '	Shut in 10	-26 ,	, 15 , 1	:40 PM	(ABB) (DAB)	Tokon 10	)-27		15 <sub>at</sub> 1:50 P	M (AM) (CHI	
Well on L											at		
	_				<del></del>	OBSERVE	D SURFACE	DATA			Duration of Shut-	in_24 Hours	
Static / Orific Dynamic Size Property (inche		Prover Pressure			Howing Well Heal Temperature t		Wellhead Pressure $(P_w) \text{ or } (P_t) \text{ or } (P_c)$		Tubing Wellhead Pressure $(P_{\psi})$ or $(P_{t})$ or $(P_{c})$		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			psig (Pm)	Inches H <sub>2</sub> 0			psig 12	psia	psig	psia	24		
Flow								<u>-</u>	-				
			L		l	FLOW STR	REAM ATTRI	BUTES	<u>.</u>	<u>- I</u>		<u> </u>	
Plate Coefficaent (F <sub>b</sub> ) (F <sub>p</sub> ) Mofd		Circle ane: Meter or Prover Pressure psia		Press Extension P <sub>m</sub> xh	Grav Fac	tor Temperature		Deviation Factor F <sub>pv</sub>		Metered Flov R (Mcfd)	w GOR (Cubic Fe Barrel)	et/ Flowing Fluid Gravity G <sub>m</sub>	
				<u> </u>	<b></b>								
(P <sub>c</sub> ) <sup>2</sup> =	-	_:	(P <sub>*</sub> )² :	<u> </u>	P <sub>d</sub> =		'ERABILITY) % (P.	- 14.4) +		:	(P <sub>e</sub> ) (P <sub>d</sub> )	<sup>2</sup> = 0.207	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P <sub>c</sub> ) <sup>2</sup> -(P <sub>y</sub> ) <sup>2</sup>		1. P <sub>c</sub> <sup>2</sup> -P <sub>c</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> -P <sub>c</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> -P <sub>w</sub>	LOG of formula 1. or 2. and divide	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>	Backpressure Cu Slope = "n" or Assigned Standard Slope		n x LOG		Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flor	<u> </u>		İ	Mcfd @ 14	65 psia		Deliverabi	lity			Mcfd @ 14.65 psi	a	
		gned	authority, c		-	states that h		<u> </u>	o make the	-	ort and that he ha		
the facts st	tated th	erei.	n, and that s	aid report is tru		Red	this the 13 Delved		day of NO	OVEMBER	R		
			Witness	(if any)			1 8 2015	SIUN X	and	Ford	Company		
			For Com	nission		CONSERVAT				Che	cked by	·	
						WICH	TA, KS						

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 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 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 ANGELL C #4									
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: 11-13-2015									
Received Signature: ACLUME  KANSAS CORPORATION COMMISSION  NOV 1 8 2015  CONSERVATION DIVISION WICHITA, KS  Signature: ACLUME  REP. HERMAN L. LOEB, LLC									

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.