Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test	t:				(See Instru	ctions on Re	verse Side)				
Ор	en Flo	w			Test Date				401	No. 15			
√ De	liverab	ilty			07/27/2					023-2081	0-0000		
Company LOBO		DU	CTION, IN	C.			Lease HARK	INS			6-3	Well Number	
County CHEYENNE			Location NW N	iw NE	Section 31		TWP 4S		RNG (E/W) 41W		1	Acres Attributed	
Field BENKELMAN					Reservoir NIOBRARA			Gas Gathering Conne LOBO PRODUC					
Completion 8 / 16 /		e			Plug Bac 1376'	k Total De	pth		Packer S	iet at			
Casing Size 4.5			Weight 11 .6#		Internal Diameter 3.875"		Set at . 1439'		Perforations 1298'		то 1336'		
Tubing Size			Weight	:	Internal Diameter		Set	Set at		rations	То		
Type Con			escribe)		Type Flui	d Production	on		Pump Ur	it or Traveling	Plunger? Yes	/ No	
Producing Thru (An			nulus / Tubing)	% Carbon Dioxide			% Nitrogen			Gas Gravity - G _g .5921		
Vertical E		()				Pre	ssure Taps				·	Run) (Prover) Size	
Pressure	Buildu	p:	Shut in 07/2	272	0_15_at_0	600	_ (AM) (PM)	Taken_07	7/29	20	15 at 0800	(AM)(PM)	
Well on L	ine:		Started	2	0 at		_ (AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERV	ED SURFAC	E DATA			Duration of Shut-	50.0 Hours	
Static / Orifice Dynamic Size Property (inches)		е	Circle one: Meter Prover Pressu	1	Flowing Temperature t	Well Head Temperatur	Wellhead	sing Pressure P _t) or (P _c)	Wellhe	ubing ad Pressure (P _t) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)	
Shut-in		•	psig (Pm)	Inches H ₂ 0			psig 160	psia	psig	psia			
Flow							100						
11011					l	FLOW ST	 REAM ATTR	L MBUTES					
Plate	,		Circle one:	Press	6-2		Flowing	1				Flowing	
Coeffictient (F _b) (F _p)		Pro	Meter or over Pressure	Extension	Grav Fac	tor	Temperature Factor	Fa	iation ctor	Metered Floo	GOR (Cubic Fee	Fluid	
(F _b) (F Mcfd			psia	, ✓ P _m ×h	_ F,	3	F _{ff}	F	pv	(Mcfd)	Barrel)	G _m	
				•									
(P _c) ² =			(P _w) ² =_		(OPEN FL	OW) (DELI	VERABILITY	') CALCUL P _c - 14.4) +			(P _a)² (P _d)²	² = 0.207	
		<u>-</u> -	(Choose formula 1 or 2	: [essure Curve			(1.9)		
(P _c) ² - (1		(F	P _c) ² - (P _w) ²	1. P _c ² -P _a ²	LOG of formula		Šlo	pe = "n" - or	l n x i	.og	Antilog	Open Flow Deliverability	
or (P _e) ² - (I	P _d) ²			2. P _c ² · P _d ²	1. or 2. and divide	P _c ² -P _w ²	As	ssigned lard Slope			Filliog	Equals R x Antilog (Mefd)	
			- '	tivided by: $P_c^2 - P_w$	by:	<u> </u>	Stant	ата зюре.				()	
Open Flow Mcfd @ 14.65 psia Deliverability							oility	Mcfd @ 14.65 psia					
The	unders	igne	d authority, or	behalf of the	Company, s	states that	he is duly a	uthorized to	o make th	e above repo	ort and that he ha	s knowledge of	
the facts s	tated t	here	in, and that sa	id report is tru				ith	day of C	ctober		, 20 <u>15</u>	
			Mileson Ci	anvi	KC	CC WI	CHITA		Buch	and -t	1 m	:// _~	
			Witness (if			10V 16	2015				chad 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 LOBO PRODUCTION, 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 HARKINS 6-31 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: 10/05/2015 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.

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