KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:	esc T		(See Instruct	tions on Re	verse Side)					
	en Flow Hiverabilty	ASI	Test Date: 9/30/2015					API No. 15 181 - 20534-00 00					
Company Rosewoo		urces, Inc.				Lease Gutsch				44-0	Well N	ımber	
County Location Sherman SESE/4			Section TW 3 99					W)	Acres Attributed 80		Attributed		
Field Goodand			Reservoir Niobrara			Gas Gathering Connection Branch Systems Inc.							
Completic 6/11/08	on Date			Plug Back Total Depth 1249'				Packer S	et at				
Casing Size Weight 2.7/8" 6.5#			nt	Internal Diameter Se 2.441 12						то 1078'			
Tubing Si	ize	Weigi	nt	Internal Diameter Set at			Perfor	ations	То				
Type Con Single (Type Flui DryGa	d Production S	n		Pump Un	it or Traveling	Plunger? Ye	es No	,	
Producing Annulus		nnulus / Tubin	g)	% C	Carbon Dioxi	de		% Nitroge	en	Gas .6	Gravity -	G	
Vertical D	Pepth(H)				Pres Flan	sure Taps Ge				(Mete	er Run) (F	Prover) Size	
Pressure	Buildup:	Shut in 9-3	30 2	0_15_at_1		<u>AM</u> (PM)	Taken_10	D-1		15 at 10:3		(AM)(PM)	
Well on L	.ine:	Started 10-	-1 20	15 at 1	0:35	(AM)(PM)			20	15 at 11:2	<u>5</u>	(AM)(PM)	
					OBSERVE	D SURFAC	E DATA			Duration of Sh	ut-in 24	Hou	
Static / Dynamic Property	atic / Orifice Meter Differential Differentia			Temperature Temperature		Casing Wellhead Pressure (P _w) or (P _t) or (P _a) psig psia		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c) psig psia		Duration (Hours)		id Produced (Barrels)	
Shut-in						9	23.4						
Flow	Flow			1 15.4			15.4	24 0					
	1		,		FLOW STR	EAM ATTR	IBUTES			1		, -	
(E. V.E.) Prover Pressure		Press Extension ✓ P _m xh	Gravity Te		Flowing Temperature Factor F _{rt}	nperature Factor		Metered Flow R (Mcfd)	v GO (Cubic Barr	Feet/	Flowing Fluid Gravity G _m		
					_				2				
(P _c)² ≈		(P _w) ² =		(OPEN FL	OW) (DELIV) CALCUL 2 - 14.4) +				$(a^2)^2 = 0.5$	207	
(P _c) ² - (F	P _a)²	(P _c) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² -P _a ² 2. P _c ² -P _d ² divided by: P _c ² -P _w ²	LOG of formula 1. or 2. and divide		Backpre Slo 	ssure Curve pe = "n" - or signed lard Slope	n x I	ГЛ	Antilog	De	pen Flow liverability s R x Antilog (Mcfd)	
Open Flor	w		Mcfd @ 14.	65 psia		Deliverat	oility			Mcfd @ 14.65	psia		
	•	••	on behalf of the aid report is true	and correc		this the _2	2		ecember nU			vledge of 20 15	
	_	For Comr	nission	APR	0 7 20° ECEIVE	16			Che	cked by			

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 Gutsch 44-03 gas well on the grounds that said well:
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: 12/22/15
Signature: <u>Xunnell Marting</u> KCC WICHITA Title: Production Assistant
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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.

W2586

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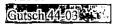
None

September-15

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF_	DOWN	(Maximum length 110 characters)
9/1/2015		14	2	0	
9/2/2015	1	14	2	0	
9/3/2015	1	14	2	0	
9/4/2015	1	. 14	2	0	
9/5/2015	1	. 14	2	0	
9/6/2015	1	14	2	0	
9/7/2015	1	14	2	0	
9/8/2015	1	. 14	2	0	
9/9/2015	1	. 14	2	0	
9/10/2015	1	14	2	0	
9/11/2015	1	. 14	2	0	
9/12/2015	1	. 14	2	0	
9/13/2015	1	14	2	0	
9/14/2015	ī	. 14	2	0	
9/15/2015	1	. 14	2	0	
9/16/2015	1	. 14	2	0	
9/17/2015	1	14	2	0	
9/18/2015	1	14	2	0	
9/19/2015	1	. 14	2	0	
9/20/2015	1	14	2	0	
9/21/2015	1	14	2	0	
9/22/2015	1	14	2	0	
9/23/2015	1	14	2	0	
9/24/2015	1	14	2	0	
9/25/2015	1	. 14	2	0	
9/26/2015	1	. 14	2	0	
9/27/2015	1	14	2	0	
9/28/2015	1	. 14	2	0	
9/29/2015	ϵ	19	1	22	
9/30/2015	8	21	1	24	24 hr shut in pressure for state
10/1/2015	C	0	0	0	

Total 58

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None

October-15

	Casing			HRS	REMARKS
DATE	PSI	STATIC N	MCF	DOWN	(Maximum length 110 characters)
10/1/2015	9	22		24	
10/2/2015	6	19	2	7	corrected time
10/3/2015	4	17	2	0	
10/4/2015	3	16	3	0	
10/5/2015	3		3	0	
10/6/2015	2	15	3	0	
10/7/2015	2		3	0	
10/8/2015	2		2	2	
10/9/2015	2		2	2	
10/10/2015	2	15	2	2	
10/11/2015	1	14	3	0	
10/12/2015	2	15	2	4	
10/13/2015	1	14	3	0	
10/14/2015	1	14	3	0	
10/15/2015	2	15	2	0	
10/16/2015	2	15	2	0	
10/17/2015	1	14	2	0	
10/18/2015	1	14	2	0	
10/19/2015	1	14	2	0	
10/20/2015	1	14	2	0	
10/21/2015	1	14	2	0	
10/22/2015	1	14	2	0	
10/23/2015	1	14	2	0	
10/24/2015	1	14	2	0	
10/25/2015	1	14	2	0	
10/26/2015	1	14	2	0	
10/27/2015	1	14	2	0	
10/28/2015	1	14	2	0	
10/29/2015	1	14	2	0	
10/30/2015	1	14	2	0	
10/31/2015	1	_ 14	2	0	

Total 67

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None

November-15

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF	DOWN	(Maximum length 110 characters)
11/1/2015		14	3	0	
11/2/2015		l 14	3	0	
11/3/2015		1 14	3	0	
11/4/2015		1 14	2	0	
11/5/2015	•	14	2	0	
11/6/2015	,	l 14	2	0	
11/7/2015	,	l 14	2	0	
11/8/2015		1 14	2	0	
11/9/2015		1 14	2	0	
11/10/2015		1 14	2	0	
11/11/2015		1 14	2	0	
11/12/2015		i 14	2	0	
11/13/2015		1 14	2	0	
11/14/2015		1 14	2	0	
11/15/2015		1 14	2	0	
11/16/2015		1 14	2	0	
11/17/2015		I 14	2	0	
11/18/2015		1 14	2	0	
11/19/2015		1 14	2	0	
11/20/2015		1 14	2	1	
11/21/2015		1 14	2	0	
11/22/2015		1 14	2	0	
11/23/2015		1 14	2	0	
11/24/2015		1 14	2	0	
11/25/2015		1 14	2	0	
11/26/2015		1 14	2	0	
11/27/2015		1 14	2	0	
11/28/2015		1 14	2	0	
11/29/2015		1 14	2	0	
11/30/2015		1 14	3	0	
12/1/2015		0 0	0	0	

Total 64

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