KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:		AST		6	See Instru	ctions on R	everse Si	de)					
	en Flow iverabilt	•	Test Date: API No. 15 9/30/2015 181-20345-006						o				
Company Rosewoo		ources, Inc.				Lease Toplff	_				1-2		Il Number
County Location Sherman			Section 27	TWP 8S				"		Ac:	res Attributed		
Field Goodand	i			Reservoir Niobrara					Gas Gathering Connection Branch Systems Inc.				
Completio 7-23-200				Plug Back Total Depth 1306'				P	acker Se	t at			
Casing Siz 4 1/2"	ze	Weig 10.5		Internal E 4.052					Perforations 1092'		24'		
Tubing Siz	ze	Weig	ht	Internal Diameter			Set at Perforations			tions	То		_
Type Com Single (0		(Describe) entional)		Type Flui Dry Ga	d Productions	on			ump Unit lowing	or Traveling	Plunger? Y	es 7	No
Producing Annulus		Annulus / Tubir	ng)	% Carbon Dioxide				%	% Nitrogen			Gravi	ty - G _g
Vertical De	epth(H)	<u></u>		Pressure Taps Flange						(Met	(Meter Run) (Prover) Size 2"		
Pressure I	Buildup:	Shut in 9-	30 2				Taken_	Taken_10-1 2			15 _{at} 11:2		(AM) (PM)
Well on Li	ne:	Started 10	-1 2	0 <u>15</u> at <u>1</u>	1:25	_ (PM)				20	15 at 12:0)5	(AM)(PM)
					OBSERV	ED SURFAC	CE DATA				Duration of St	hut-in .	24Hour
Static / Dynamic Property	ic / Oritice Meter Different mic Size Prover Pressure in		Differential in	lemperature lemperature		Wellhear (P _w) or (Casing Wellhead Pressure (P_w) or (P_1) or (P_c) psig psia		Tubing Wellhead Pressure (P_w) or (P_l) or (P_c) psig psia		Duration (Hours)		Liquid Produced (Barrels)
Shut-In						psig 8	22.4		paig	psia			
Flow						2	16.4		_		24		0
					FLOW ST	REAM ATT	RIBUTES						
Plate Coeffiecient (F _b)(F _p) Mcfd		Circle one: Meter or Prover Pressure psia	Press Extension ✓ P _m x h	Grav Fact	tor	Flowing Temperature Factor F _{f1}		Factor R		Metered Flow R (Mcfd)	(Cubic F		Flowing Fluid Gravity G _m
										13			
(P _c) ² =		: (P _w) ² :	= :	•	OW) (DELI	VERABILIT	Y) CALC ((P _e - 14.4)			:		(P _a) ² =	0.207
$(P_c)^2 - (P_a)^2$ (or $(P_c)^2 - (P_d)^2$		(P _c) ² - (P _w) ² (P _c) ² - (P _w) 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	LOG of formula 1. or 2. and divide p.2_ p.2		Backpressure Curve Slope ≈ "n" or Assigned Standard Slope		n v 106		Antilog		Open Flow Deliverability quals R x Antilog (Mcfd)
	_						<u> </u>					_	
Open Flow	W		Mcfd @ 14.	65 psia		Delivera	bility				Mcfd @ 14.65	psia	
	_	•	on behalf of the said report is true			ed this the	22	_ dia	y of De	cember			20 15
		Witness	(if any)	KCC	WIC:	HITA	4	R	THU	For C	W/W Company	<u>ila</u>	wy
	<u>-</u>	For Gern	mission	ADD	07 20)1S				Che	cked 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 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 Topliff 1-27
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 mct/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
KCC WICH!TA APR 07 2016 RECEIVED 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.

. W430

Toolie 1-27

South Goodland

Goodland

None

September-15

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

Total 366

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W430

Todffff1-27

South Goodland

Goodland

None

October-15

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

Total 420

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W430 Topliff 1-27

South Goodland

Goodland

None

November-15

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

Total 414

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