KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:	سين مس		('See Instruct	tions on Rev	erse Side	9)				
Op	en Flow	Ø61		Test Date				A IDI	No. 15			
De	liverabilty	1		6/2/201					-20480-01-0	001		
Company	y od Resc	ources, Inc.				Lease Homeste	ead			34-06	Well No	umber
County Sherman	n	Loca SWSE		Section 6		TWP 7S		RNG (E/ 39W	W)		Acres 2	Attributed
Field Goodlan	nd			Reservoir Niobrara		_	_		hering Conn Systems In			
Completion 12/16/20				Plug Bac 3058'	k Total Dept	th		Packer S	et at			
Casing S 4 1/2"	ize	Weig 10.5		Internal I 4.000	Diameter	Set a: 3058		Perfo 228	rations 5'	то 2300'		
Tubing S	ize	Weig	tht	Internal I	Diameter	Set a	t	Perfo	rations	То		
Type Con Single (Describe)		Type Flui Dry Ga	d Production	n		Pump Ur Flowin	nit or Traveling	Plunger? Yes	No	>
Producing Annulus	•	nnulus / Tubir	ng)	% C	arbon Dioxi	de		% Nitrog	en	Gas G	ravity -	G,
Vertical D		<u> </u>			Press Flan	sure Taps					Run) (P	Prover) Size
Pressure	Buildup:	Shut in 6-	1 2				Taken_6-	2		15 at 4:50		(AM) (PM)
Well on L	.ine:	Started 6-2		0 15 at 4		(AM)(PM)				15 at 5:35		(AM)(PM)
					OBSERVE	D SURFACE	DATA			Duration of Shut	-ín_24	Hour
Static / Dynamic Property	Orifice Size (inches)	Prover Press	Differential in	Flowing Temperature t	Well Head Temperature t	Casin Wellhead F (P _w) or (P _t	ressure) or (P _c)	Wellhe (P _w) or	ubing ad Pressure (P _t) or (P _c)	Duration (Hours)		ld Produced (Barrels)
Shut-In						7 psig	psla 51.4	psig	psia			
Flow						5	19.4	<u> </u>		24	0_	
					FLOW STR	EAM ATTRI	BUTES					,
Plate Coeffied (F _b) (F Mcfd	ient	Circle one: Meter or Prover Pressure psia	Press Extension	Grav Fact F _c	tor T	Flowing femperature Factor F ₁₁	Fa	iation ctor _{pv}	Metered Flow R (Mcfd)	v GOR (Cubic Fe Barrel)	eet/	Flowing Fluid Gravity G _m
									13			
(P)s =		/D \2.	_ ,	•		ERABILITY)) ² = 0.2	207
$(P_c)^2 = $		$\frac{(P_w)^2}{(P_c)^2 - (P_w)^2}$	Choose formula 1 or 2 1. P ₂ ² - P ₃ ² 2. P ₂ ² - P ₃ ²	LOG of formula		Backpres	sure Curve e ≈ "n"	l n x l	.00 00.	Antifog	Dei	pen Flow liverability s R x Antilog
(P _c)²- (F	-d)*		divided by: Pc2-Pw	and divide by:	P _c ² -P _w ²		gned rd Slope	-			1 '	(Mcfd)
											<u> </u>	
Open Flov	w		Mcfd @ 14.	65 psia		Deliverabil	ity			Mcfd @ 14.65 ps	ia	
The ı	undersign	ed authority, o	on behalf of the	Company, s	states that h	e is duly aut			•	rt and that he ha	as know	rledge of
he facts si	tated ther	ein, and that s	said report is true					day of $\frac{D}{}$	ecember			₂₀ <u>15</u> .
<u>.</u>		Witness	(if any)	KC	C Mic			ans	ull-	Mail	űng	/
					PR 07	2016				nkod by		
		For Com	IAISSION		DECE	(VED			Che	cked by		

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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 Homestead 34-05H 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: 12/22/15
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Date: 12/22/15
- II waste
Signature:
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.

W2321 Homestead 34-06H North Goodland Goodland None June-15

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF	DOWN	(Maximum length 110 characters)
6/1/2015	3'	7 49	0	24	
6/2/2015	3*	7 49	0	24	
6/3/2015	1:	5 28	21	0	
6/4/2015	12	2 25	21	0	
6/5/2015	1	I 24	20	0	
6/6/2015	10	23	20	0	
6/7/2015	9	9 22	20	0	
6/8/2015	8	3 21	19	0	
6/9/2015		3 21	19	0	
6/10/2015		7 20	19	0	
6/11/2015	•	7 20	19	0	
6/12/2015		7 20	19	0	
6/13/2015	•	7 21	17	4	
6/14/2015	,	7 20	18	0	
6/15/2015		7 19	18	0	
6/16/2015	(5 19	18	0	
6/17/2015	(5 19	18	0	
6/18/2015	ć	5 19	18	0	
6/19/2015	(5 19	17	0	
6/20/2015		5 19	16	1	
6/21/2015	(5 19	17	0	
6/22/2015	(5 19	17	0	
6/23/2015	(5 19	17	0	
6/24/2015	(5 19	16	0	bp
6/25/2015	Ć	5 19	15	2	
6/26/2015	(5 19	17	0	
6/27/2015	(5 18	17	0	
6/28/2015	(5 18	16	0	
6/29/2015	ć	5 18	16	0	
6/30/2015	(5 18	16	0	
7/1/2015		0	0		

Total 501

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W2321 Homestead 34-06H

North Goodland

Goodland

None

July-14

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF	DOWN	(Maximum length 110 characters)
7/1/2014		5 18	16	0	
7/2/2014	•	5 19	15	0	
7/3/2014	(5 19	15	0	
7/4/2014	(5 19	15	5 0	
7/5/2014	•	5 19) 15	0	
7/6/2014	(5 19) 15	5 0	
7/7/2014	<u>:</u>	5 18	3 15	5 0	
7/8/2014	4	5 18	3 15	0	
7/9/2014		5 18	3 15	0	
7/10/2014	<u>:</u>	5 18	3 15	0	
7/11/2014	:	5 18	3 1:	5 0	
7/12/2014	(5 19	15	5 0	
7/13/2014	(5 19) 14	0	
7/14/2014	t	6 19) 14	0	
7/15/2014	8	3 21	[1]	6	
7/16/2014	•	7 20) 13	3 0	
7/17/2014	,	7 20) [3	3 0	
7/18/2014	•	7 20) 13	3 0	
7/19/2014	•	7 20) 13	3 0	
7/20/2014	•	7 20) 13	3 0	
7/21/2014	:	8 21	12	2 1	
7/22/2014	•	7 20) 13	3 0	
7/23/2014	:	8 21	1.	. 3	
7/24/2014	•	7 20) 1:	3 0	
7/25/2014	•	7 20) 1:	3 0	
7/26/2014		7 20) 13	3 0	
7/27/2014		7 20) 1:	3 0	
7/28/2014	1	8 21	!	9	
7/29/2014		7 20) 1:	3 0	
7/30/2014		7 20) 1:	3 0	
7/31/2014		7 20) 1:	3 1	

Total 421

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W2321 Homestead;34-06H

North Goodland

Goodland

None

August-14

	Casing			HRS	REMARKS
DATE	PSI	STATIC	MCF	DOWN	(Maximum length 110 characters)
8/1/2014	6	19	13	2	
8/2/2014	6	19	13	0	
8/3/2014	6	19	13	0	
8/4/2014	6	19) 13	0	
8/5/2014	6	19) 13	0	
8/6/2014	6	19	13	0	
8/7/2014	6	19	13	0	
8/8/2014	6	19	13	0	
8/9/2014	6	19	13	0	
8/10/2014	6	19) 13	0	
8/11/2014	5	18	3 13	0	
8/12/2014	5	18	3 13	0	
8/13/2014	5	18	3 13	0	
8/14/2014	5	18	3 13	0	
8/15/2014	5	18	3 13	0	
8/16/2014	5	18	3 13	0	
8/17/2014	5	18	3 13	0	
8/18/2014	5	18	3 13	0	
8/19/2014	5	18	3 13	0	
8/20/2014	5	18	3 13	0	
8/21/2014	5	18	3 13	0	
8/22/2014	5	18	3 13	0	
8/23/2014	5	18	3 13	0	
8/24/2014	5	18	3 13	0	
8/25/2014	5	18	3 13	0	
8/26/2014	5	18	3 13	0	
8/27/2014	5	18	3 13	0	
8/28/2014	5	18	3 13	0	
8/29/2014	5	18	8 13	0	
8/30/2014	5	18	8 13	0	
8/31/2014	5	13	8 13	0	

Total 403

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