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

Type Test	i:	act		(	See Instruct	tions on Rev	verse Side	·)					
	en Flow liverabilt	ASI V		Test Date 6/2/201					I No. 15 -181-20400-	00 <b>.00</b>			
Company		ources				Lease G. Ihrig				31-20	Well No	ımber	
County Location Sherman NWNE			Section 20				RNG (E 39W	/W)		Acres Attributed 80			
Field Goodlan	d			Reservoi Niobrara					thering Conn Systems In				
3/19/200				Plug Bac 1178'	k Total Dept	th	_	Packer	Set at				
Casing Si 2 7/8"	ize	Weig 6.5#		Internal I 2.441	Diameter	Set at 1179'		Perfo 984	prations	To 1008	то 1008'		
Tubing Si	ze	Weig	jht	Internal I	Internal Diameter Set at			Perfo	orations	То	То		
Type Con Single (		(Describe) ntional)		Type Flui Dry Ga	d Production	n		Pump U Flowin	nit or Traveling	Plunger? Yes	/ (No	1	
Producing Annulus		Annulus / Tubi	ng)	% C	Carbon Dioxi	de	_	% Nitrog	gen	Gas G	ravity -	3,	
Vertical D	epth(H)					sure Taps				•	Run) (P	rover) Size	
1008'		6-		15 3	Flan			2		2" 15 <sub>at</sub> 3:20			
Pressure Well on L	•	Shut in 6-		0 <u>15</u> at 3 0 15 at 3	:10	(AM) (PM) (AM) (PM)				15 at 3:20 15 at 4:10		(AM)(PM) (AM)(PM)	
						D SURFACI			<u> </u>	 Duration of Shu		Hou	
Static / Dynamic Property	Orifice Size (inches	Meter Prover Pres	Differential	Flowing Temperature t	Well Head	Cas	ing Pressure	Wellhe	Tubing ead Pressure or (P <sub>1</sub> ) or (P <sub>c</sub> )	Duration (Hours)	Liqu	id Produced Barrels)	
Shut-in	(monos	/ psig (Pm	) Inches H <sub>2</sub> 0	•	`	psig 19	95ia 33.4	psig	psia	<u> </u>	+		
Flow						6	20.4			24	0		
					FLOW STR	EAM ATTR	BUTES		<del></del>				
Plate Coeffiect (F <sub>b</sub> ) (F Mcfd	ient ,)	Circle one: Meter or Prover Pressure psia	Press Extension P <sub>m</sub> xh	Grav Fac F	tor T	Flowing Femperature Factor F <sub>I</sub> ,	Fa	iation ctor	Metered Flor R (Mcfd)	w GOR (Cubic F Barrel	eet/	Flowing Fluid Gravity G <sub>m</sub>	
_							<u>_</u>		11				
/D \2		. (0.\2		•	OW) (DELIV	•	CALCUL - 14.4) +				) <sup>2</sup> = 0.2	207	
$(P_c)^2 \approx $	⊃•)²	(P <sub>e</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	Choose formula 1 or 2  1. P <sub>c</sub> <sup>2</sup> - P <sub>a</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup>	LOG of formula 1. or 2.		Backpre: Slop	ssure Curve	n x	roe	Antilog	O <sub>l</sub>	pen Flow liverability s R x Antilog	
(F <sub>c</sub> ) (F	d)		divided by: P <sub>c</sub> <sup>2</sup> -P <sub>w</sub>	and divide by:	P <sub>c</sub> <sup>2</sup> - P <sub>w</sub> <sup>2</sup>		ard Slope				+	(Mcfd)	
								<u> </u>			<u> </u>		
Open Flor	w		Mcfd @ 14.	65 psia		Deliverab	ility			Mcfd @ 14.65 ps	sia		
	-		on behalf of the							ort and that he h	as know	ledge of	
ine facts si	tated the	rein, and that	said report is true	and correc		this the .22				MA		20 <u></u> -	
		Witness	s (if any)			_		-cn	VVVI For	Company	uli	<u>uy</u>	
		For Con	nmission			R 0 <b>7</b> 20			Che	cked by			
					TO.	CACRO							

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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 G. Ihrig 31-20
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
KCC WICHIT Aignature: Canual Marting  APR 0 7 2016 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.

W2056 G. Ihrig 31-20 North Goodland Goodland None June-15

	Casing			F	RS	REMARKS
DATE	PSI	STATIC	MCF	Γ	OWN	(Maximum length 110 characters)
6/1/2015	19	31		0	24	
6/2/2015	19	31		0	24	
6/3/2015	14	27	,	18	0	
6/4/2015	12	2 25	;	18	0	
6/5/2015	10	23	3	16	0	
6/6/2015	10	23	}	15	0	
6/7/2015	g	22	!	15	0	
6/8/2015	8	3 21		15	0	
6/9/2015	8	3 21		15	0	
6/10/2015	7	20	}	15	0	
6/11/2015	7	20	)	15	0	
6/12/2015	7	19	)	14	0	
6/13/2015	7	20	)	12	4	
6/14/2015	7	7 19	)	14	0	
6/15/2015	7	19	1	14	0	
6/16/2015	6	5 19	•	13	0	
6/17/2015	$\epsilon$	5 19	)	13	0	
6/18/2015	Ć	5 18	3	14	0	
6/19/2015	Ć	5 19	)	12	0	
6/20/2015	$\epsilon$	5 19	)	11	1	
6/21/2015	$\epsilon$	5 18	;	13	0	
6/22/2015	$\epsilon$	5 18	}	12	0	
6/23/2015	6	18	}	13	0	
6/24/2015	ť	5 18	3	12	0	bp
6/25/2015	$\epsilon$	5 19	)	10	2	
6/26/2015	ć	5 18	}	13	0	
6/27/2015	$\epsilon$	5 18	3	13	0	
6/28/2015	ć	5 18	3	12	0	
6/29/2015	6	5 18	:	12	0	
6/30/2015	$\epsilon$	5 18	3	12	0	
7/1/2015		C	)	0	0	

Total 381

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## W2056 G:[h:g:31:201]

North Goodland

Goodland

None

July-14

Total

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

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G. Ihrig \$1-20

North Goodland

Goodland

None

August-14

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

Total 362

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