## Kansas Corporation Commission One Point Stabilized Open Flow or Deliverability Test

Type Test		AT.		(	See Instruct	tions on Re	verse Side	)				
	en Flow	KISP		Test Date	»:			API	No. 15			
De	liverabilty			6/2/201	<u> </u>			<u> 181</u>	-20348-00 <b>©</b>	<u> </u>		
Company Rosewoo		urces				Lease Mitchek				1-10	Well Nu	mber
County Shermar	1	Loca SESE	tion	Section 10		TWP 7S		RNG (E/	W)		Acres A	attributed
Field Goodlan	d			Reservoir					hering Conn Systems In			
Completic 9/27/200				Plug Bac 1076'	k Total Dept	th		Packer S	Set at			<u> </u>
Casing Si	ize	Weig 10.5		Internal E 4.052	Diameter	Set :		Perfo 939'	rations	To 969'	•	
Tubing Si	ze	Weig		Internal D	Diameter	Set	Set at		rations	То		
Type Con Single (				Type Flui Dry Ga	d Production	n		Pump Ur Flowin	nit or Traveling	Plunger? Yes	; / (w)	
Producing	Thru (A	nnulus / Tubir	ng)	•	arbon Dioxi	de		% Nitrog		Gas G	iravity - 0	
Annulus Vertical D					Pres	sure Taps					Run) (P	rover) Size
969'					Flan	-				2"		
Pressure	Buildup:	Shut in 6-	12	15 at 2	:05	(AM) (MA)	Taken 6-	2	20	15 at 2:15	(	(AM) (PM)
Well on L	ine:	Started 6-2	2 2	0 15 at 2	:15	(AM) (PM)	Такеп <u>6-</u>	3	20	15 <sub>at</sub> 3:05	(	AM)(PM)
	_				OBSERVE	D SURFAC	E DATA		<u></u> _	Duration of Shu	t-in 24	Hours
Static / Dynamic	Orifice Size	Circle one: Meter Prover Press	Differential	Flowing Temperature t	, .	Cas Wellhead (P <sub>w</sub> ) or (F	Pressure	Wellhe	Tubing ad Pressure r (P <sub>t</sub> ) or (P <sub>c</sub> )	Duration (Hours)		d Produced Barrels)
Property Shut-In	(inches)	psig (Pm)	Inches H <sub>2</sub> 0	- '	t	psig	psia 29.4	psig	psia			
Flow			<del>  -</del>			5	19.4			24	0	
		_ <del>_</del>			FLOW STR	REAM ATTR	IBUTES					
Plate Coeffiec (F <sub>b</sub> ) (F Mcfd	ient p) #	Circle one: Meter or Prover Pressure psia	Press Extension √ P <sub>m</sub> x h	Grav Fac F	tor	Flowing Temperature Factor F <sub>f1</sub>	Fa	iation ctor : pv	Metered Flow R (Mcfd)	w GOF (Cubic F Barre	eet/	Flowing Fluid Gravity G <sub>m</sub>
									3			
	•			(OPEN FL	OW) (DELIV	ERABILITY	) CALCUL	ATIONS	<del></del>	(P	<sub>a</sub> )²	07
(P <sub>c</sub> ) <sup>2</sup> =	<u>:</u>	(P <sub>w</sub> ) <sup>2</sup>		P <sub>d</sub> =		% (1	P <sub>c</sub> - 14.4) +	14.4 =	;		d) <sup>2</sup> =	
(P <sub>c</sub> ) <sup>2</sup> - (I		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>	1. P <sub>c</sub> <sup>2</sup> -P <sub>d</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.		Sic	essure Curve pe = "n" - or signed	l n x	roe	Antilog	Del Equals	pen Flow iverability R x Antilog
-	d'		divided by: $P_c^2 - P_w$	and divide	P.2. P.2		lard Slope	<del>                                     </del>	<u> </u>		<u> </u>	(Mcfd)
			<del>_</del>	_		-	<del>_</del>					
Open Flor			Mcfd @ 14	65 peia		_ Deliveral	nility	l		Mcfd @ 14.65 p	 sia	
Open Flor		ned authority			states that h			o make th	ne above repo	ort and that he i		ledge of
	_	_	said report is tru									20 15
				K	CC WI	CHITA	1	TUIN	ull -	Mai	tim	2_
		Witness	(if any)		APR 0.7		~ 7	p (	For	Company	>	<i>,</i>
		For Com	nmission		,,-,, <u></u> (				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
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 WICHIPAgnature:

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.

W410 Mitchek 1-10 North Goodland Goodland None June-15

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

Total 121

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Mitchek 1-10

North Goodland

Goodland

None

July-14

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

Total

85

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W410 Mitchek I-10

North Goodland

Goodland

None

August-14

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

Total 102

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