

KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:

- Open Flow
 Deliverability

(See Instructions on Reverse Side)

Test Date:
9/19/2011

API No. 15
15-095-21899 - 0000

Company Atlas Operating LLC		Lease SWINGLE		Well Number 5	
County KINGMAN	Location C-N2-S/2-NE	Section 36	TWP 30	RNG (E/W) 9W	Acres Attributed 40
Field SPIVEY GRABS		Reservoir MISSISSIPPI		Gas Gathering Connection ONEOK	
Completion Date 09/08/2004		Plug Back Total Depth		Packer Set at	
Casing Size 4 1/2	Weight 10.5	Internal Diameter	Set at 4497	Perforations 4372	To 4418
Tubing Size 2 3/8	Weight 4.7	Internal Diameter 1.995	Set at	Perforations	To
Type Completion (Describe) CASING		Type Fluid Production OIL & WATER		Pump Unit or Traveling Plunger? Yes / No PUMP UNIT	
Producing Thru (Annulus / Tubing) ANNULUS		% Carbon Dioxide .14		% Nitrogen 1.09	
Vertical Depth(H)		Pressure Taps PIPE		Gas Gravity - G _g .720	
				(Meter Run) (Prover) Size 2	
Pressure Buildup: Shut in 09/19 20 11 at 2:00pm (AM) (PM) Taken 09/20 20 11 at 2:00pm (AM) (PM)					
Well on Line: Started _____ 20 ____ at _____ (AM) (PM) Taken _____ 20 ____ at _____ (AM) (PM)					

OBSERVED SURFACE DATA

Duration of Shut-in **24** Hours

Static / Dynamic Property	Orifice Size (Inches)	Circle one: Meter Prover Pressure psig (P _m)	Pressure Differential in Inches H ₂ O	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)
						psig	psia	psig	psia		
Shut-In						26					
Flow											

FLOW STREAM ATTRIBUTES

Plate Coefficient (F _p) (F _p) Mcfd	Circle one: Meter or Prover Pressure psia	Press Extension $\sqrt{P_m \times h}$	Gravity Factor F _g	Flowing Temperature Factor F _t	Deviation Factor F _{pv}	Metered Flow R (Mcfd)	GOR (Cubic Feet/ Barrel)	Flowing Fluid Gravity G _m

(OPEN FLOW) (DELIVERABILITY) CALCULATIONS

(P_s)² = 0.207

(P₀)² = _____

(P_c)² = _____ : (P_w)² = _____ : P₀ = _____ % (P_c - 14.4) + 14.4 = _____ :

(P _c) ² - (P _s) ² or (P _c) ² - (P ₀) ²	(P _c) ² - (P _w) ²	Choose formula 1 or 2: 1. P _c ² - P _s ² 2. P _c ² - P ₀ ² divided by: P ₀ ² - P _w ²	LOG of formula 1. or 2. and divide by: $\frac{P_c^2 - P_w^2}{P_0^2 - P_w^2}$	Backpressure Curve Slope = "n" ----- or ----- Assigned Standard Slope	n x LOG []	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
							RECEIVED
							NOV 30 2011

Open Flow

Mcfd @ 14.65 psia

Deliverability

Mcfd @ 14.65 psia

KCC WICHITA

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 16th day of November, 20 11.

Witness (if any)

Pharmacia Auster

For Company

For Commission

Checked 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 Atlas Operating LLC 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 SWINGLE #5 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: 11/16/2011

Signature: *Pharmacia Austria*
Title: Regulatory Coordinator

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.