KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

ype Test:					(2	see instructio	ons on Heve	rse Side)						
✓ Ope	en Flow				Test Date:				API N	o. 15		_		
Del	iverabil	ty			11/02/20				15-0	95-21910	-000	<u> </u>		
Company ATLAS OPERATING LLC					Lease CONRARDY			RDY			Well Number 8			
County Location KINGMAN NE-SE-NW				Section 31		TWP 30			')	Acres Attributed				
Field SPIVEY GRABS					Reservoir MISSISSIPPI				Gas Gathering Conn ONEOK		ection		<u></u>	
Completion Date 11/04/04				Plug Back Total Depth 4426		1	Packer Set at		t at					
Casing Si 1/2	sing Size Weight 1/2 10.5			Internal Diameter		Set at 4450		Perfora 4334	tions	To 4347				
Tubing Si 2 3/8	_			Internal Diameter 2		Set at	Perforations		itions	То				
Type Completion (Describe) CASING						Production			Pump Unit PUMP (or Traveling UNIT	Plunger? Yes / No			
Producing Thru (Annulus / Tubing) ANNULUS					% C	arbon Dioxid	de et		% Nitrogen		Gas Gravity - G _q .680			
Vertical Depth(H)					Pressure Taps PIPE				(Meter Run) (Prover) Size 4) Size		
Pressure	Buildup): \$	Shut in	2/ 2	0 11 at 1	1:00am	(AM) (PM) 1	Taken 11	//03	20	11 at 11:00a	am (AM)	(PM)	
Well on L	ine:	\$	Started	2	0 at		(AM) (PM)	Taken		20	al	(AM)	(PM)	
						OBSERVE	D SURFACE	DATA			Duration of Shut-	in 24	_ Hours	
Static / Orifice Dynamic Size Property (inches		Meter Prover Pressure		L	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Wellhead (P _w) or (bing d Pressure P _t) or (P _a)	Duration (Hours)	Liquid Produced (Barrels)		
Shut-In	· / ····		psig (Pm)	Inches H ₂ 0			39	psia i	D¢(3	psla		-		
Flow														
						FLOW STR	EAM ATTRI	BUTES	.,					
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Gra- Fac F	tor T	Flowing Femperature Factor Fit	Deviation Factor F _{pv}		Metered Flow R (Mcfd)	w GOR (Cubic Fe Barrel)	eet/	lowing Fluid Gravity G _m	
								<u> </u>						
(P _c)² =		•	(P,)² =	:	(OPEN FL P _d =		ERABILITY) % (P	CALCUL. , - 14.4) +		:	(P _a) (P _d)) ² = 0.207) ² =		
(P _e) ² - (or (P _e) ² - (_		P _c) ² - (P _w) ²	1. P _c ² -P _d ² 2. P _c ² -P _d ² vided by: P _c ² -P _d	LOG of formula 1, or 2, and divide		Backpres Slope Ass	sure Curve	n x L(og [Antilog	Open Flow Deliverability Equals R × Antilog (Mcfd)		
									_			NON	/ 3 O	
Open Flow Mcfd @ 14.65 psia							Deliverabi	lity		Mcfd @ 14.65 psia KCC MUC				
•		gned	d authority, on	behalf of the	Company,	states that h	e is duly au			above repo	ort and that he ha	1100	pe of	
he facts s	stated ti	nerei	in, and that sai	d report is tru	e and correc	ct. Executed	this the 16		day of No	OV	a Lui	20	11	
			Witness (if	any)			\	HA	<u> </u>	For	Company	<u>, Uh</u>	<u>/</u>	
			For Commis	sion		<u></u>	_		· · · · · · · · · · · · · · · · · · ·	Che	icked by			

I declare under penalty of perjury under the laws of the state of Kansas that I am authorized to requester the status under Rule K.A.R. 82-3-304 on behalf of the operator ATLAS OPERATING LLC	uest
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 reco	ords
of equipment installation and/or upon type of completion or upon use being made of the gas well herein named by the second of the gas well as the gas	ned.
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 Comments as necessary to corroborate this claim for exemption from testing.	nission
Date: _11/16/2011	
Signature: Hay Moruca Auston Title: Regulatory Coordinator	D —

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.