KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	:			(3	See Instructi	ions on Rev	erse Side)				
√ Op	en Flow			Test Date				ADI	No. 15			
De	liverabilty			10/10/20					·21667-00-	00		
Company Atlas Operating LLC						Lease Green				1	Well Number	
County Harper		Locati SE-NE-	on NW-NE	Section 32		TWP 31S		RNG (EA	N)	. .	Acres	s Attributed
Field	Grabs-Ba	e il		Reservoir MISSISS					ering Conn perating LL			
Completi		511	-		k Total Dept	h		Packer S	_		-	
02/19/20		*** 1)		4573	·	0-4-		Davis		т.		
Casing Size 4 1/2		Welght 10.5		Internal Diameter		Set at 4602		Perforations 4432		то 4437		
Tubing S 2 3/8	Tubing Size 2 3/8		t	Internal C	Internal Diameter 2		Set at		Perforations			
Type Cor Casing	npletion (C	Describe)	•		d Production	ı .		Pump Un NO	it or Traveling	g Plunger? Y	es / No	•
Producing Thru (Annulus / Tubing) ANNULUS				% c .069	arbon Dioxid	de		% Nitroge 27.742		Gas Gravity - G _g		- G _g
Vertical (Press	sure Taps				(Met	ter Run)	(Prover) Size
Pressure	Buildup:	Shut in 10/	10 2	0 11 at 2:	:30pm	(AM) (PM)	Taken 10)/11	20	11 _{at} 2:30)p m	(AM) (PM)
Well on L		Started	20			(AM) (PM)			20	at .	-	(AM) (PM)
					OBSERVE	D SURFACE	DATA			Duration of SI	but-in	Hours
Static / Oynamic Property	Orifice Size (inches)	Circle one Meter Prover Pressi	Pressure Differential in	Flowing Temperature t	Well Head	Casi Wellhead I (P,) or (P,	ng Pressure	Wellhea	ubing ad Pressure (P ₁) or (P ₆)	Ouration (Hours)		quid Produced (Barrels)
Floperty	- (11103)	psig (Pm)	Inches H ₂ 0			psig	psla	psig	psia			
Shut-In					1	197		145				
Flow		l]				1	<u> </u>		
			T		FLOW STR	EAM ATTRI	BUTES	. 1				
Plate Coeffied (F _b) (F Mcfd	cient p) P	Circle one: Meter or rover Pressure psia	Press Extension Pmxh	Grav Fac F	tor 1	Flowing Femperature Factor F ₁₁	Fe	iation ictor : pv	Metered Flo R (Mcfd)	(Cubic	OR c Feet/ rrel)	Flowing Fluid Gravity G _m
							<u> </u>					
				•	OW) (DELIV						(P _a) ² =	0.207
$(P_c)^2 = (P_w)^2 = \vdots$ Choose formula 1 or 2		P _o = . %		T				((P _a) ² =			
(P _c) ² -1	(P _a)²	(P _e)²- (P _u)²	1. P _c ² -P _a ²	LOG of formula		Slop	sore Curve e = "n" - or	n x L	.og	Antilog		Open Flow Deliverability
(P _e) ² - ((P _d) ²		2. P _c ² -P _d ² divided by: P _c ² -P _d ²	1. or 2. and divida by:	P _c ² -P _w ²	Ass	signed ard Slope			Attaiog	Edr	als R x Antilog (Mcfd)
												Cen re-
L				<u> </u>		<u> </u>		l		<u></u>	1	-oeive0
Open Fig	DW .		Mcfd @ 14.	.65 psia		Deliverab	ility			Mcfd @ 14.65	psi	V 3 0 201 1
The	undersign	ed authority, o	n behalf of the	Company,	states that h	e is duly au	thorized t	o make th	e above repo	ort and that he	has kn	owledge of

the facts stated therein, and that said report is true and correct. Executed this the $^{21}\text{st}_{1}$

Witness (if any)

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 Green #1 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: _11/21/2011
Signature: Hamouca Austun 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.