KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

ype Test:					(•	see instruct	ions on Hel	rerse Side	,	`			
,	en Flov iverabi				Test Date					No. 15	0000		
Company		ııy			08/8/201	12	Lease		15-	095-00922 -		Well Number	
tlas Op		g LL	C					G-MCDA			. 1		
County Location KINGMAN NE-SW-SE					Section 34	,	TWP 30			/W)		Acres Attributed	
Field SPIVEY GRABS					Reservoir MISSIS		 -	Gas Gathering Conr ONEOK		ection	RECEIV		
Completion Date					Plug Bac 4485	k Total Dep	th	. Packer Set at		Set at		DEC 17 KCC WICH	
asing Size Weight 1/2 14			Internal E 5	Diameter		Set at 4514		orations	To 4455	KCC WICH			
ubing Size Weight			Internal D	Diameter		Set at 4480		orations	То				
Type Completion (Describe) CASING						Type Fluid Production OIL & WATER				nit or Traveling PUNIT	Plunger? Yes / No		
Producing Thru (Annulus / Tubing)					% C	ide		% Nitrog	gen	Gas Gr 668	avity - G _g		
ertical D 372	epth(H			1 1 1 1 1 1 1		PIPE					4	Run) (Prover) Size	
ressure	Buildu	p: \$	Shut in _08	/8	12 at_		(AM) (PM)	Taken 08	3/9	20	12 at	(AM) (PM)	
Vell on L	ne:	5	Started	·	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						OBSERVE	D SURFAC	E DATA			Duration of Shut-	in 24 Hours	
Static / ynamic roperty	Orifi Siz (inch	ze Prover Pressure in		Differential in	Flowing Temperature t	perature Temperature		Casing Wellhead Pressure (P_w) or (P_1) or (P_c) psig psia		Tubing . ead Pressure or (P _t) or (P _c) psia	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In							10	# 5:-	psig				
Flow													
						FLOW STE	REAM ATTR	BUTES				:	
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension P _m xh	Gra Fac F	tor	Flowing Temperature Factor F _{ft}	Fa	riation actor	Metered Flow R (Mcfd)	w GOR (Cubic Fe Barrel)) (Gravity)	
···········				<u> </u>									
,)² =		:	(P _w) ²	- :	(OPEN FL	. ,	/ERABILITY % (I) CALCUL P _c - 14.4) +		; ,	(P _a)	$0^2 = 0.207$	
(P _c) ² - (I or (P _c) ² - (I	o ^q) ₅	(P	_o)²- (P _w)²	Choose formula 1 or 2 1. P _c ² - P _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w	LOG of formula 1. or 2. and divide	P _c ² -P _w ²	Slo	essure Curve pe = "n" ' - or esigned lard Slope	n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
						` e	1.						
											,		
pen Flo	W			Mcfd @ 14	.65 psia		Deliverat	oility			Mcfd @ 14.65 ps	ia	
The (unders	igned	authority,	on behalf of the	Company,	states that h	ne is duly a	uthorized	to make t	the above repo	ort and that he ha	as knowledge of	
facts s	tated t	herei	n, and that	said report is tru	e and correc	t. Executed	this the 1	2th	day of _[December		, ₂₀ <u>12</u> .	
						•							
			Witness	(if any)						For	Company	,	
						* •				-			

DEC 17 2012

	KCC WICHIIA
I declare under penalty of per	rjury under the laws of the state of Kansas that I am authorized to request
exempt status under Rule K.A.R. 8	2-3-304 on behalf of the operator Atlas Operating LLC
and that the foregoing pressure ir	nformation and statements contained on this application form are true and
correct to the best of my knowledg	ge and belief based upon available production summaries and lease records
of equipment installation and/or up	oon type of completion or upon use being made of the gas well herein named.
I hereby request a one-year ex	xemption from open flow testing for the KEIMIG-MCDANIEL #1
gas well on the grounds that said v	
•	
(Check one)	
is a coalbed me	ethane producer
is cycled on plu	unger lift due to water
is a source of r	natural gas for injection into an oil reservoir undergoing ER
is on vacuum a	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	e best of my ability any and all supporting documents deemed by Commission
staff as necessary to corroborate	this claim for exemption from testing.
Date: 12/12/2012	
	Signature:
	D-Full-ton Consideration
	Title: Resulatory 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.