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## KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test		144	_		(	(See Instruc	tions on Re	verse Side	)		–	
Open Flow Deliverabilty					Test Date: API No. 15 05/28/2013 15-095-00927							
Company					03/20/2	013	Lease		1.5	-093-00321		Well Number
Atlas Operating LLC  County Location				Section	Section TWP				RNG (E/W)		1	
County Location KINGMAN SW-SW-NE				36		30					Acres Attributed 40	
Field SPIVEY GRABS					SSIPPI		Gas Gathering Conn ONEOK		ection			
10/25/57				4458	k Total Dep		Packer Set at					
Casing Si 5 1/2			Weight /		Internal Diameter 5		Set at 4484		Perforations 4398		To 4452	
Tubing Size Weight 2 3/8 4.7				ht	Internal f	Diameter	Set at		Perfo	orations	. 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				% Nitrogen		Gas Gravity - G <sub>g</sub> .67	
Vertical Depth(H) 4398					Pressure Taps PIPE					(Meter F	Run) (Prover) Size	
Pressure	Buildu	p: {	Shut in05/	/282	0_13 at		(AM) (PM)	Taken 05	5/29	20	13 at	(AM) (PM)
Well on Li	ine:	•	Started								at	
						OBSERVE	ED SURFAC	E DATA			Duration of Shut-i	n_24Hours
Static / Dynamic Property	namic Size		Circle one: Meter Prover Press psig (Pm)		Flowing Temperature t	Well Head Temperature t	(P <sub>a</sub> ) or (P <sub>c</sub> ) or (P <sub>c</sub> )		Tubing Wellhead Pressure (P <sub>w</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> ) psig psia		Duration (Hours)	Liquid Produced (Barrels)
Shut-In	Shut-In		poig (; vi)				psig 17	psia psi		psia		
Flow												
				T		FLOW STI	REAM ATTR	IBUTES		1		· · · · · · · · · · · · · · · · · · ·
Plate Coeffiecient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension √ P <sub>m</sub> x h	Grav Fac	tor	Flowing Temperature Factor F <sub>ft</sub>		iation ctor : py	Metered Flow R (Mcfd)	GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G <sub>m</sub>
					(ODEN EI	OW) (DEL I)	/ERABILITY	D CALCIII	ATIONS			
(P <sub>c</sub> ) <sup>2</sup> =		_:	(P <sub>w</sub> ) <sup>2</sup> =	=:	•			P <sub>c</sub> - 14.4) +		<u>:</u>		? = 0.207 ! =
		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		Choose formula 1 or 2  1. P <sub>c</sub> <sup>2</sup> - P <sub>e</sub> <sup>2</sup> 2. P <sub>c</sub> <sup>2</sup> - P <sub>d</sub> <sup>2</sup> divided by: P <sub>c</sub> <sup>2</sup> - P <sub>e</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide D 2. D 2		Backpressure Ci Slope = "n" or Assigned Standard Slop		ve n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)
Open Flow		<del></del>		Mcfd @ 14.	65 psia		Deliverat	oility			Mcfd @ 14.65 psia	a
The u	ınders	_	• •	on behalf of the	Company,		ne is duly a	uthorized to			rt and that he has	s knowledge of
he facts st	ated t	nerei	n, and that s	aid report is true	and correc	t. Executed	i this the <u></u>	<u></u>	day of L	انم کام	uch	, 20 <u>13</u> <b>KCC WIC</b> H
			Witness (	(if any)		•	-		100	For C	company	DEC 3 0 201
<del></del>			For Comr	mission			-			Chec	ked by	<u> </u>

	eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request										
	status under Rule K.A.R. 82-3-304 on behalf of the operator Atlas Operating LLC										
	at the foregoing pressure information and statements contained on this application form are true and										
	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 theSWINGLE #1											
	il on the grounds that said well:										
,uo 110	non the greather 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 fu	rther agree to supply to the best of my ability any and all supporting documents deemed by Commissic										
staff as	necessary to corroborate this claim for exemption from testing.										
Date: 1	12/23/2013										
_											
	12. 1.1.										
	Signature: Knis Wauch_										
	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.

KCC WICHITA

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