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

✓ Open Flow Deliverabilty						Test Date:			API No. 15 15-095-21669 ~ <b>0000</b>						
Company						12/11/2	013	Lease		15-	095-2166	<del>-</del>	Well N	umber	
ATLAS OPERATING LLC  County Location					Section			WELLS TWP RN		W)	2	Acres	Attributed		
KINGMAN SW-NE-NW				20		30	8W				40				
Field SPIVEY GRABS				Reservoi MISSI	SSIPPI			ONEC	hering Conn K	ection					
Completion Date 03/01/93				Plug Bac <b>4325</b>	k Total Der	oth		Packer S	Set at						
Casing S 5 1/2	asing Size Weight 1/2 14			Internal 5	Internal Diameter 5		Set at 4300		rations 2	To <b>4214</b>					
	bing Size Weight			Internal Diameter		Set 426		Perforations		То		······································			
Type Con		n (De				Type Flu	id Production				nit or Traveling	Plunger? Yes	/ No		
		(Anr	rulus / Tubir	ng)			Carbon Diox	ride		PUMP % Nitrog		Gas G	iravity -	G <sub>a</sub>	
ANNULUS					0				0			.670			
Vertical C	Pepth(F	i)					Pre: PIP	ssure Taps E		7.500		(Meter	Run) (F	Prover) Size	
Pressure	Buildu	p: :	Shut in 12	/11	2	13 at_		_ (AM) (PM)	Taken_12	/12	20	13 <sub>at</sub>		(AM) (PM)	
Well on L												at			
•							OBSERV	ED SURFAC	E DATA			Duration of Shu	t-in 24	Hour	
Static / Dynamic	ynamic Size		Circle one:  Meter  Prover Pressure		Pressure Differential in	Flowing Temperature		Wellhead	Casing Wellhead Pressure (P <sub>*</sub> ) or (P <sub>t</sub> ) or (P <sub>c</sub> )		ubing ad Pressure (P,) or (P,)	Duration (Hours)		Liquid Produced (Barrels)	
Property	(inch	(inches)		)	Inches H <sub>2</sub> 0	<u> </u>	1	psig	psia	psig	g psia		_		
Shut-In					· · · · · · · · · · · · · · · · · · ·		<u> </u>	85		65					
Flow							ELOW ST	REAM ATTR	IDUTES						
Plate			Circle one:	1	Press			Flowing		.				Flowing	
Coefflecient (F <sub>b</sub> ) (F <sub>p</sub> ) Mcfd		Meter or Prover Pressure psia			Extension Fac		tor Temperature		Factor		Metered Flor R (Mcfd)	(Cubic Fe		Fluid Gravity G <sub>m</sub>	
					1	(ODEN EI	OW (DEL	VERABILITY	CALCUI	ATIONS					
P <sub>c</sub> ) <sup>2</sup> =		<u>.</u> :	(P <sub>w</sub> ) <sup>2</sup>	<del>=</del>	:	P <sub>d</sub> =	• •		P <sub>o</sub> - 14.4) +		;		$(a)^2 = 0.3$ $(a)^2 = 0.3$	207	
or	$(P_c)^2 - (P_s)^2$ or $(P_c)^2 - (P_d)^2$		(P <sub>c</sub> ) <sup>2</sup> - (P <sub>w</sub> ) <sup>2</sup>		se formula 1 or 2 . P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup> . P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup> od by: P <sub>c</sub> <sup>2</sup> - P <sub>c</sub> <sup>2</sup>	LOG of formula 1. or 2. and divide	P.2-P.2	Slo As	essure Curve pe = "n" - or signed lard Slope	l n x i	Log	Antilog	De	Open Flow Deliverability Equals R x Antilog (Mcfd)	
										-					
	-						· · · · · · · · · · · · · · · · · · ·						<u> </u>	·	
Open Flo	w				Mcfd @ 14.	65 psia		Deliverat	oility			Mcfd @ 14.65 p	sia		
		•	•					_			·	ort and that he h			
ne facts s	tated ti	nerei	n, and that s	said r	eport is true	and correc	t. Execute	d this the <u>6</u>	<u>ul</u>	day of	A A	or le		<sup>20</sup> 14 C WIC	
			Witness	(if any)	<b>)</b>		<del></del>	-		1 -100	For	Company			
<del></del>	<b>.</b>		For Com	mission	n			-			Che	cked by	_JAI	<del>1 0 9 2</del> 1	
													R	ECEIV	

	eclare 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 tha	at 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
	oment installation and/or upon type of completion or upon use being made of the gas well herein named.
l he	ereby request a one-year exemption from open flow testing for the LLOYD WELLS #2
gas we	li 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
l fu	rther 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: 0	01/06/2014
	Signature: Rais Waller
	Title: Regulatory Coordinator
	THIO.

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** 

JAN 09 2014