KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes	t: en Flo	w				(See Instruc	tions on Rev	erse Side)				
	liverat					Test Date 10/27/20					No. 15 -21722-00-0	00		
Company Atlas Op		ıg LL	.C	<u> </u>	 			Lease Green	 				Well Number	
County Location Harper W2,W2,E2,NW				Section 32				RNG (E/ 9W	W)		Acres Attributed			
Field Spivey Grabs-Basil					Reservoir Mississippi			Gas Gat Pioneer	hering Conne	ection				
Completion 02/07/20		e				Plug Bac 4568	k Total Dep	th		Packer S	et at			
Casing Size 4 1/2			Weight 10.5			Internal I 4.052	Diameter	Set at 4577		Perforations 4410		то 4417		
Tubing Size 2 3/8"			Weig	-	Internal D 1.995		Diameter Set at 4412			Perforations		То		
Type Cor Casing	npletio	n (De				Type Flui	d Productio			Pump Ur Yes-Pi	nit or Traveling	Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing) ANNULUS					% Carbon Dioxide 0.0727				en 61		Gas Gravity - G ₉ 0.7080			
Vertical D	Depth(H	1)				······································	Pres	sure Taps				(Meter f	Run) (Prover)	Size
Pressure	Buildu	p: .	Shut in)/27	2	0_13 at_1	.00pm	(AM) (PM)	Taken_10)/28	20	13 _{at} 1:00pn	1(AM) ((PM)
Well on L	.ine:	:	Started		2	0 at		(AM) (PM)	Taken		20	at	(AM) ((PM)
							OBSERVE	D SURFACE	DATA			Duration of Shut-	24	_ Hours
Static / Orifice Dynamic Size Property (inches)		е	Circle one: Meter Prover Pressure		ressure fferential in	Flowing Temperature t	Well Head Temperature t	Casing Wellhead Pressure (P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _q)		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			psig (Pr	i) inc	ches H ₂ 0			psig 200	psia	psig 50	psia			
Flow	,													
r				ı			FLOW ST	REAM ATTRI	BUTES	· · · · · · · · · · · · · · · · · · ·			·	
Plate Coeffiecient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		E	Press stension P _m x h	Grav Fact	tor	Temperature Fe		viation Metered Fix actor R F _{pv} (Mcfd)		GOR (Cubic Fer Barrel)	et/ Fi	wing luid avity G _m
	l								<u> </u>					
(P _c) ² =		_:	(P _w) ²	=	:	(OPEN FLO		/ERABILITY) % (P _a	- 14.4) +		::	(P _a) ²	= 0.207	_
(P _c) ² - (I or (P _c) ² - (I	P_)²	(P	(P _w) ² · (P _w) ²	1. i 2. i	ormule 1 or 2 0 2 - P 2 0 2 - P 2 0 2 - P 2 y: P 2 - P 2	LOG of formula 1. or 2, and divide	P _c ² · P _w ²	Slope Assi	sure Curve = "n" or gned rd Slope	nxi	og [Antilog	Open Flo Deliverab Equals R x / (Mcfd)	ility Antilog
0 51-								D-10						
Open Flo			۰۰ مالاری ا		ifd @ 14.			Deliverabil	-			Mcfd @ 14.65 psi		
		•	•					this the 31			e above repo	rt and that he ha	s knowledge , 20 <u>1</u> :	
uic idūts S	naieu l	i iei ei	n, and trial	saiu ieb	OILIS UU				<u> </u>		his W	and	, 20	
			Witness	(if any)					_		For C	Company		
			For Cor	nmission		——— J <i>i</i>	4N 02	2014 -			Chec	ked by		<u> </u>

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	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
	t 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
	oment installation and/or upon type of completion or upon use being made of the gas well herein named.
	ereby request a one-year exemption from open flow testing for the Green # 10
gas we	ll 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 Commissio
staff as	necessary to corroborate this claim for exemption from testing.
Date: _1	2/31/2013
	2. 2/2
	Signature: Chis Warleck
	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**

JAN 02 2014