KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				ſ	See Instruct	ions on Reve	erse Side)				
✓ Op	en Flo	w '			Test Date	. .			ADI	No. 15			
De	liverab	ilty			11/27/20					-21724-00-(00		
Company Atlas Op		ıg LL	C				Lease Green		··· /		1	Well Number 9	
County Location Harper SW,SW,SW,SE			Section 29				RNG (E/W) 9W		Acres Attributed				
				Reservoir Mississippi			Gas Gati Pioneer	hering Conn	ection				
Completic 01/24/20		е			Plug Bac 4532	k Total Dept	h		Packer S	et at			
Casing Size 4 1/2			Weight 10.5		Internal Diameter 4.052		Set at 4579		Perforations 4446		то 4452		
Tubing Size 2 3/8"			Weight 4.7		Internal Diameter 1.995		Set at 4447		Perforations		To .	To	
Type Con Casing	npletio	n (Des	scribe)			d Production	1	1,440.	Pump Un Yes-Pu	it or Traveling ump	Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing) ANNULUS Vertical Poorte(II)			<u> </u>	% C	de		% Nitrog		Gas Gravity - G _g 0.780				
Vertical D	epth(F	1)				Press	sure Taps				(Meter F	Run) (Prover) Size	
Pressure	Buildu	n S	hut in11/2	7 2	n 13 _{at} 8:	:00am	(AM) (PM) 1	aken 11	/28	20	13 _{at} 9:00an	1 (AM) (PM)	
Well on L											at		
						OBSERVE	D SURFACE	DATA			Duration of Shut-	inHours	
Static / Dynamic Property	Orifi Siz (inch	θ ,	Circle one: Meter Prover Pressur	1	Flowing Temperature t	Well Head Temperature t	Casin Weilhead P (P _w) or (P ₁)	ressure	Wellhea	ubing ad Pressure (P _t) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In	V		psig (Pm)	Inches H ₂ 0			psig 175	psia	psig 75	psia			
Flow													
						FLOW STR	EAM ATTRIE	BUTES					
Plate Coeffied (F _b) (F Motd	ient	٨	irde one: Meter or er Pressure psia	Press Extension ✓ P _m x h	Grav Fact F _g	or T	Flowing emperature Factor F ₁₁		ation etor	Metered Flov R (Mcfd)	GOR (Cubic Fer Barrel)	Flowing Fluid Gravity G _m	
ļ.,.								<u> </u>					
(P _c) ² =			(P _w) ² =_	:	(OPEN FLO		ÉRABILITY)	CALCUL - 14.4) +		÷	· (P _a)² (P _d)²	! = 0.207 ! =	
		6	Choose formula 1 or 2:		<u> </u>	1	Backpressure Curve		Г ¬	\ d/	Open Flow		
(P _c) ² - (F	P _a) ²	(P _c ,)²- (P _w)²	1, P _c ² -P _a ² 2, P _c ² -P _d ² Video by: P _c ² -P _a ²	LOG of formuta 1. or 2. and divide by:	P _c ² -P ₂ ²	Slope d Assignation	r gned	nxt	.og Bo.	Antilog	Deliverability Equals R x Antilog (Mcfd)	
					<u> </u>						· · · · ·		
Open Flor	W			Mcfd @ 14.	65 psia		Deliverabili	ty			Mcfd @ 14.65 psi	a	
		•	-							e above repo scember	rt and that he ha	s knowledge of	
ale facts S	iaieO ()	erein	, anu mai sal	d report is true			VICHIT		Jay or 15	us In	Janock.	, 20 <u></u>	
			Witness (if	any)			AICUH	Α		For C	Company		
			For Commis	slon		JAN 0	2 2014			Chec	ked by		

	eclare under penalty of perjury under the laws of the state of Kansas that I am authorized to request t status under Rule K.A.R. 82-3-304 on behalf of the operator Atlas Operating LLC									
and th	at the foregoing pressure information and statements contained on this application form are true and									
correc	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 # 9										
	ell 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									
I fu	urther agree to supply to the best of my ability any and all supporting documents deemed by Commission									
staff a	s necessary to corroborate this claim for exemption from testing.									
Date:_	12/31/2013									
	$\frac{1}{2}$									
	Signature: Cus Wewst									
	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