KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:				(See Instruc	tions on Re	verse Side))				
✓ Op	en Flo	w			Test Date				40	I N. 45			
De	eliverab	ilty			10/15/20					'l No. 15 7-21701-00-1	00		
Company Atlas Operating LLC						·	Lease Green				4	Well Number	
County Location Harper NW-SW-NW-NE				Section 32			TWP 31S		:/W)	Acres Attributed			
Field Spivey-Grabs-Basil					Reservoir MISSIS				Gas Gathering Connect Atlas Operating LLC				
Completion Date 09/29/2010					Plug Bac 4540	k Total Dep	th		Packer Set at				
Casing S 4 1/2	ize		Weigh 10.5	nt	Internal C	Diameter	Set 458		Perfo 443	orations 37	To 4441		
Tubing S	ize		Weigh	nt	Internal [Internal Diameter 2		Set at		orations	То		
Type Cor Casing	npletio	n (De	escribe)	 	• •	d Productio WATER	n		Pump U	Init or Traveling	Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing) ANNULUS				% C	arbon Diox	ide	% Nitro				Gravity - G		
Vertical C		1)				Pres	ssure Taps				(Meter	Run) (Prover) Size	
Pressure	Buildu	ıp:	Shut in 10/	15 2	0_13 at		(AM) (PM)	Taken_10	0/16	20	13 at	(AM) (PM)	
Well on L	.ine:		Started	2	0 at		(AM) (PM)	Taken		20	at	(AM) (PM)	
						OBSERVE	D SURFAC	E DATA			Duration of Shut-	in_24_Hou	
Static / Dynamic Property	Orifi Siz (inch	e	Circle one: Meter Prover Pressu psig (Pm)	Pressure Differential in Inches H ₂ 0	Flowing Temperature t	Welf Head Temperature t) I	Sing Pressure P _t) or (P _c)	Wellho	Tubing ead Pressure or (P ₁) or (P _c)	Duration (Hours)	Liquid Produced (Barrels)	
Shut-In							100		50				
Flow									L				
				1	_	FLOW STE	REAM ATTR	IBUTES	•	· ·		· · · · · · · · · · · · · · · · · · ·	
Plate Coeffied (F _b) (F	ient p)	Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m x h	Grav Fact F _g	tor	Flowing Temperature Factor F ₁₁	Fa	riation actor = Pv	Metered Flov R (Mcfd)	w GOR (Cubic Fe Barrel)	Gravity	
				<u></u>	(OPEN EL I	OW) (DELIV	/ERABILITY	CALCUI	ATIONS			<u>, </u>	
(P _c) ² =		_:_	(P _w) ² =		P _d =			- 14.4) +		<u> </u>	(P _a)	² = 0.207 ² =	
(P _c) ² - (I or (P _c) ² - (I		(P	(°)2 - (P_*)2	Choose formula 1 or 2 1. $P_c^2 - P_e^2$ 2. $P_c^2 - P_d^2$ divided by: $P_c^2 - P_w^2$	LOG of formula 1. or 2. and divide	P ₂ -P _w	Slo As	ssure Curve pe = "n" - or signed lard Slope	1	roe	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
Open Flo	<u></u>			Mcfd @ 14.	65 psia		Deliverat	oility			Mcfd @ 14.65 psi	a	
The	unders	igned	d authority, o	n behalf of the	Company, s	states that h	ne is duly a	uthorized t	o make t	he above repo	ort and that he ha	is knowledge of	
the facts s	tated t	herei	n, and that sa	aid report is true				1st	day of E	December	\ \ \	, 20 <u>13</u>	
			Witness (I	if any)		C Mic	-		10	IN M	SOMUCIL SOMPANY		
		<u> </u>	For Comm		JA	N 02	(Ú14				cked by		
			+	• •		RECEIN	/ED			VIII O			

exemp	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 at the foregoing pressure information and statements contained on this application form are true and
of equi _l	to the best of my knowledge and belief based upon available production summaries and lease records pment 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 #4
	ell on the grounds that said well:
staff as	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 urther agree to supply to the best of my ability any and all supporting documents deemed by Commissions necessary to corroborate this claim for exemption from testing.
	Signature:

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.

JAN 0.2 2014