KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Tes					(See Instruc	tions on Re	everse Side	e)					
	oen Flo eliveral				Test Date 05/29/20					l No. 15 5-21764 000	0			
ompan tlas Or		ng Ll	_C				Lease Morris	Wolf - Ke	imig			Well Number)r	
County Location KINGMAN SW-SW-SE				Section 35		TWP 30S		RNG (E/W) 9W		Acres Attributed 40		outed		
Field SPIVEY GRABS				Reservoir MISSISSIPPI			Gas Gathering Connection ONEOK							
Completion Date 10/06/1993				Plug Back Total Depth 4503			Packer	Set at						
Casing Size W			Weigh	nt	Internal Diameter		Set at 4549		Perforations 4404		то 4450			
Tubing Size We			Weigh	nt	Internal [Internal Diameter 2.441		Set at 4495		orations	То			
	•	n (De	escribe)		Type Flui	d Production				nit or Traveling P UNIT	Plunger? Yes	s / No		
	g Thru	ı (Anı	nulus / Tubin	g)		Carbon Dioxi	ide		% Nitro		Gas 0	Gravity - G _g		
ertical C		H)	<u> </u>			Pres	sure Taps					r Run) (Prove	r) Size	
ressure	Buildi	:סו:	Shut in05/	29 20	13 at		(AM) (PM)	Taken 0	5/30	20	13 at	(AM)	 (PM)	
Well on Line:			Started 20											
						OBSERVE	D SURFAC	E DATA			Duration of Shu	ıt-in_24	Hours	
tatic / Orifice namic Size operty (inches)		ze	Circle one: Meter Prover Pressi psig (Pm)		Flowing Well H Temperature Temper t t		ature Wellhead Pressure (P_w) or (P_1) or (P_c)		Tubing Wellhead Pressure (P _w) or (P ₁) or (P _n)		Duration (Hours)		Liquid Produced (Barrels)	
Shut-In	iut-in		psig (riii)	Inches H ₂ 0			psig 46	psia	psig	psia		+		
Flow														
					Т	FLOW STR	REAM ATTR	RIBUTES		y	1			
Plate Coefficient (F _b) (F _p) Mcfd		Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Grav Fact	tor	Flowing Temperature Factor F _n	Fa	Deviation Factor F _{pv}		(Cubic F	GOR Flowing Unic Feet/ Fluid Barrel) Gravity G _m		
					(OPEN FLO	OW) (DELIV	ERABILITY	') CALCUL	ATIONS	I	(P.	_a) ² = 0.207		
)2 =		:	(P _w) ² =		P _d =		% (1	P _c - 14.4) +	14.4 = _	······:	(P.	d) ₅ =		
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P _c) ² - (P _w) ²		Choose formula 1 or 2: 1. P _c ² - P _e ² 2. P _c ² - P _c ² divided by: P _c ² - P _e ²	LOG of formula 1. or 2. and divide p 2. p		Backpressure Cum Slope = "n"		n x i oo		Antilog	Open F Delivera Equals R x (Mcfc	bility Antilog	
									<u> </u>					
Open Flow		L	Mcfd @ 14.65 psia			Deliverability		<u> </u>		Mcfd @ 14.65 psia				
The +	unders	ianec	authority, o	n behalf of the	Company, s	states that h	e is duly a	uthorized t	o make t	ne above repo	rt and that he h	nas knowledg	e of	
				aid report is true						December	Augeb	, 20 _1	<u>13</u>	
			Witness (i	f any)			-			For C	Company	KCC V		
			For Comm	nission			-			Chec	cked by	—DEC 3	0 20	
												REC	CEIVE	

	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 MORRIS-WOLF-KEIMIG #2
gas we	Il 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: _	12/23/2013
	γ
	Signature: Kin Warreck
	Title: Regulatory Coordinator
	Title.

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.

DEC 3 0 2013