KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test	t:					(See Instruct	tions on Re	everse Side	9)				
✓ Open Flow Deliverabilty					Test Date 05/28/2			API No. 15 15-095-21719 - 0000					
Company Atlas Operating LLC.					00,20,2	Lease KEIMIG-MCD			. Well Number				
County Location KINGMAN CS/2-SE-SE					Section 34		TWP 30	TWP		/W)	Acres Attributed 80		
Field SPIVEY GRABS					Reservoi	SSIPPI			Gas Gathering Con ONEOK		ection		
Completion Date 05/16/97						ck Total Dept	h	Packer Set at				·	
Casing Size Weight 5 1/2 15.5				nt	Internal I	Diameter	Set	Set at		orations	To 444 0		
Tubing Size 2 3/8			Weight 4.7		Internal Diameter		Set at 4501		Perforations		То		
Type Completion (Describe) CASING				Type Flui	id Production					veling Plunger? Yes / No			
Producing Thru (Annulus / Tubing) ANNULUS						Carbon Dioxi	de		% Nitrogen		Gas Gravity - G _g .694		
Vertical Depth(H) 4372					Pressure Taps PIPE			·				Run) (Prover) Size	
ressure	Buildu	JD:	Shut in _05	<u>28</u> 2	0_13_at			Taken_0	5/29	20		(AM) (PM)	
								20 at (AM) (PM)					
						OBSERVE	D SURFAC	E DATA			Duration of Shut	-in 24 Hour	
Static / Orifice synamic Size property (inches)		20	Circle one: Meter Prover Press psig (Pm)	Pressure Differential ure in Inches H ₂ 0	Flowing Temperature t	Well Head Temperature t	(P _w) or (P _t) or (P _c)		Tubing Wellhead Pressure (P _w) or (P _t) or (P _c)		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				psig 8	psia	psig	psia		+	
Flow													
		<u> </u>		T		FLOW STR		RIBUTES		<u> </u>			
Plate Coefficient (F _b) (F _p) Mcfd		Pro	Circle one: Meter or over Pressure psia	Press Extension ✓ P _m xh	Grav Fac F	tor	Temperature Fac		viation Metered Flov actor R F _{pv} (Mcfd)		w GOA (Cubic Fe Barrel)	eet/ Fluid Gravity	
				1	(OPEN FL	OW) (DELIV	ERABILITY) CALCUL	ATIONS				
c)2 =		:	(P _w) ² =	Choose formula 1 or 2	P _d =	9		P _c - 14.4) +		:) ² = 0.207) ² =	
$(P_c)^2 - (P_a)^2$ or $(P_c)^2 - (P_d)^2$		(P _a) ² - (P _*) ²		1. $P_c^2 - P_a^2$ 2. $P_c^2 - P_a^2$ divided by: $P_c^2 - P_a^2$	LOG of formula 1, or 2. and divide p 2 p 2		Backpressure Cun Slope = "n" or Assigned Standard Slope		n x	LOG	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
pen Flo	w		, I	Mcfd @ 14.	65 psia		Deliverat	oility			Mcfd @ 14.65 ps	ia	
The i	unders	signe	d authority, o	n behalf of the	Company, s	states that he	e is duly a				ort and that he ha	as knowledge of	
facts s	tated t	therei	n, and that s	aid report is true	and correc	t. Executed	this the 2	3rd	day of _	Pecember	1 1	, 20 <u>13</u> .	
			Witness (if any)		· · · · · · · · · · · · · · · · · · ·	-			For C	Company	CC WICH	
			For Comm	nission	F 912-24 VAII.		-			Che	cked by	DEC 3.0 20	
			1									RECEIVE	

	lare under penalty of perjury under the laws of the state of Kansas that I am authorized to request tatus under Rule K.A.R. 82-3-304 on behalf of the operator Atlas Operating LLC
and that	the foregoing pressure information and statements contained on this application form are true and the best of my knowledge and belief based upon available production summaries and lease records
	nent installation and/or upon type of completion or upon use being made of the gas well herein named. eby request a one-year exemption from open flow testing for the KEIMIG-MCDANIEL #3-34
	on the grounds that said well:
staff as n	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 her agree to supply to the best of my ability any and all supporting documents deemed by Commission ecessary to corroborate this claim for exemption from testing.
Date: <u>12</u>	Signature:
	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.

DEC 3 0 2013