KANSAS CORPORATION COMMISSION ONE POINT STABILIZED OPEN FLOW OR DELIVERABILITY TEST

Type Test:	•		(See I	nstructions on Re	verse Side))	ř			
✓ Open Flow Deliverabilty			Test Date: 01/28/2014			API No. 15 15-007-10342-0000				
Company Atlas Operatin	g, LLC		· · · · · · · · · · · · · · · · · · ·	Lease Flossie	Roth	,		1	Well Number	
County Location Barber SE-NW-SW			Section TWP 25 33		, ,	RNG (E/M 14W	/)		Acres Attributed	
Field Rhodes			Reservoir Mississippi			Gas Gathering Connection ONEOK				
Completion Dat 09/07/1955	e		Plug Back Total Depth 5020			Packer Set at				
Casing Size Weight 5 1/2 14			Internal Diame 5.012	at 5	Perfora 4758	tions	To 4780			
Tubing Size Weight 2 3/8 4.7		Internal Diame 1.995		Set at 4785		tions	То			
Type Completion	n (Describe)		Type Fluid Pro	duction		Pump Unit Pump U	or Traveling Init	Plunger? Yes	/ No	
Producing Thru (Annulus / Tubing) Annulus			% Carbon Dioxide			% Nitrogei 7.114	n ,	Gas Gra . 671	Gas Gravity - G _g	
Vertical Depth(H) 4758		Pressure Taps Pipe			(1			(Meter Run) (Prover) Size		
Pressure Buildu	p: Shut in 01	/28		(AM) (PM)	Taken_01	/29	20	14 at	(AM) (PM)	
Well on Line:	Started	20) at	(AM) (PM)	Taken	· · · · · · · · · · · · · · · · · · ·	20	at	(AM) (PM)	
			ОВ	SERVED SURFAC	E DATA			Duration of Shut-	n_24 Hours	
Static / Orifice Mete Dynamic Size Property (inches) Property		Differential in	Temperature Temperature	Head cas Wellhead (P _w) or (P	Pressure	Tubing Wellhead Pressure $(P_w) \text{ or } (P_1) \text{ or } (P_c)$ psig psia		Duration (Hours)	Liquid Produced (Barrels)	
Shut-In				120	μοια .	0	psia			
Flow	·]									
		T	FLO	W STREAM ATTR	IBUTES					
Plate Coefficient (F _b) (F _p) Mcfd Circle one: Meter or Prover Pressure psia		Press Extension ✓ P _m x h	Gravity Factor F _g	Flowing Temperature Factor F _{ft}	Fac	Deviation Metered Flow R F _{pv} (Mcfd)		GOR (Cubic Fee Barrel)	Flowing Fluid Gravity G _m	
	·		<u> </u>		<u> </u>	<u> </u>				
(P _c) ² =	_: (P _w)²	-	(OPEN FLOW) (1	DELIVERABILITY % (F) CALCULA P _c - 14.4) + ⁻			(P _e) ² (P _d) ²	= 0.207	
(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 _a ² 2. P _c ² - P _d ² divided by: P _c ² - P _w ²	LOG of formula 1. or 2. and divide by:	Backpres Slop	ssure Curve De = "n" Or Signed ard Slope	n x LC	og []	Antilog	Open Flow Deliverability Equals R x Antilog (Mcfd)	
		•				·				
Open Flow		Mcfd @ 14.6	S psia	Deliverab	ility			Mcfd @ 14.65 psi	a	
	gned authority.	·	· · · · · · · · · · · · · · · · · · ·	that he is duly au		make the		· · · · · · · · · · · · · · · · · ·		
				ecuted this the 29			nuary		, 20 14	
	•			· · · :		12		raneck p	CC WICHIT	
	Witness For Con			·		· · · · · · · · · · · · · · · · · · ·		ompany	FEB 0 7 2014	
	Foi Con						Chec	ked by	RECEIVED	

I declare 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 that 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 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 Flossie Roth #1 gas well on the grounds that said well: (Check one) is a coalbed methane producer 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. vis not capable of producing at a daily rate in excess of 250 mct/D I further agree to supply to the best of my ability any and all supporting documents deemed by Commission staff as necessary to corroborate this claim for exemption from testing. Signature: Regulatory Coordinator							
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Title: Regulatory Coordinator		Signature:		1Cm)	VVUNCO		
		Title:	Regulator	y Coordinator	·		
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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.

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