

ATLAS RESOURCES, INC.  
CHECK REISSUE REQUEST

| Client Name   | EE Number                               | Employee Name                      | Social Security Number  | Today's Date |
|---|---|------------------------------------|---|--------------|
|   |   |                                    |   |              |
| Reason For Request  |   | Check Issue Date                   | Amount  | Check Number |
| <input type="checkbox"/> Lost   | <input type="checkbox"/> Stolen         |                                    |   |              |
| <input type="checkbox"/> Damaged  | <input type="checkbox"/> Never Received |                                    |   |              |
| Attach original damaged check if available. If no check is attached a stop payment fee will apply in some states including New Mexico.  |   |                                    |   |              |
| Must be filled out by Employee Requesting the Check Reissue   |   |                                    |   |              |
| Give details of the reason for this request, i.e. how check was lost, stolen or damaged. If there is suspicion of theft, state the date of theft and any supporting details.  |   |                                    |   |              |
|   |   |                                    |   |              |
| I declare that the information provided is true and correct to the best of my knowledge. Sign and date this request. You may fax a copy for faster processing, but original must be mailed to:  |   |                                    | <b>ATLAS RESOURCES, INC.</b><br><b>2009 EUBANK NE</b><br><b>ALBUQUERQUE, NM 87111</b><br><b>FAX: 505-872-3900</b> |              |
| Please allow 7-14 business days upon receipt by Atlas Resources, Inc. for this request to be processed. Your Authorized Representative signing below will be informed of the status of this request. Your reissued check will be sent to the Authorized Representative who signs below if your request is approved. |   |                                    |   |              |
| Signature of Employee Requesting A Check Reissue  |   |                                    | Date  |              |
|   |   |                                    |   |              |
| Authorized Atlas Client Company Representative Signature  |   |                                    | Date  |              |
|   |   |                                    |   |              |
| ATLAS RESOURCES, INC. OFFICE USE ONLY   |   |                                    |   |              |
| Above Statement Requires Affidavit  |   | Opening Date of Claim              | Bank Name/Claim Number  |              |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No             |                                    |   |              |
| Prepared By   |   |                                    | Date  |              |
|   |   |                                    |   |              |
| Reissue Check Number  | Check Date                              | Amount of Stop Payment Fee Applied | Reissued Check Amount   |              |
|   |   |                                    |   |              |
| Detail of how reissued check was sent including date and to what Authorized Representative:   |   |                                    |   |              |
|   |   |                                    |   |              |