

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST**

Form U-7
August 2019

Disposal: Enhanced Recovery: KCC District No.: _____
 Operator License No.: _____ Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____ Phone: (____) _____

API No.: _____ Permit No.: _____
 ___ - ___ - ___ - ___ Sec. ___ Twp. ___ S. R. ___ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Lease: _____ Well No.: _____
 County: _____

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction

Maximum Authorized Injection Pressure: _____ psi Maximum Injection Rate: _____ bbl/d

	<i>Conductor</i>	<i>Surface</i>	<i>Intermediate</i>	<i>Production</i>	<i>Liner</i>	<i>Tubing</i>
Size: _____	_____	_____	_____	_____	_____	Size: _____
Set at: _____	_____	_____	_____	_____	_____	Set at: _____
Sacks of Cement: _____	_____	_____	_____	_____	_____	Type: _____
Cement Top: _____	_____	_____	_____	_____	_____	
Cement Bottom: _____	_____	_____	_____	_____	_____	

Packer Type: _____ Set at: _____

DV Tool Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): _____ feet depth

Zone of Injection Formation: _____ Top Feet: _____ Bottom Feet: _____ Perf. or Open Hole: _____

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? Yes No

If Dual Completion - Injection is: Above Production Below Production

FIELD DATA

GPS Location: Datum: NAD27 NAD83 WGS84 Lat: _____ Long: _____ Date Acquired: _____

MIT Type: _____ MIT Reason: _____

Time in Minute(s): _____

Pressures: Set up 1 _____

Set up 2 _____

Set up 3 _____

Tested: Casing or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: _____

Test Date: _____ Using: _____ Company's Equipment

The zone tested for this well is between _____ feet and _____ feet.

The test results were verified by operator's representative:

Name: _____ Title: _____ Phone: (____) _____

<p>KCC Office Use Only</p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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FAILED MECHANICAL INTEGRITY TEST (MIT)
DEADLINE FOR COMPLIANCE

07/09/2020

LICENSE 31725
Shelby Resources LLC
3700 QUEBEC ST UNIT 100 PMB 376
DENVER, CO 80207-1639

Re: API No. 15-145-21761-00-01
Permit No. D32249.0
VIOLA 1-35
35-21S-16W
Pawnee County, KS

Operator:

On 07/07/2020, the referenced well failed a mechanical integrity test. Under K.A.R. 82-3-407(c), you have 90 days to:

- 1) repair and retest the well to show mechanical integrity,
- 2) plug the well, or
- 3) isolate all leaks to demonstrate the well does not pose a threat to fresh or usable water or endanger correlative rights.

The well must be shut-in and disconnected until it complies with K.A.R. 82-3-407(c).

**Failure to comply with K.A.R. 82-3-407(c)
by 10/05/2020
shall be punishable by a \$1,000 penalty.**

Please contact this office as soon as possible to let us know your plans for this well.

Sincerely,

Eric MacLaren
KCC District #1

CASING MECHANICAL INTRE TY TEST

DOCKET # D-32249.0

Disposal Enhanced Recovery:

NE SW NE NW, Sec 35, T 21 S, R 1C E^A

Repressuring
Flood
Tertiary

720 FNL - (4548) Feet from South Section Line
1920 FNL - (3413) Feet from East Section Line

Date injection started _____
API # 15 - 145 - 21761-00-01

Lease Viola Well # 1-35
County Pawnee

Operator: Shelby Resources, LLC
Name &
Address 2717 Canal Blvd

Operator License # 31725
Contact Person Chris Gottschalk

Hays, KS 67661

Phone (785) 623-1524

Max. Auth. Injection Press. 500 (reg) psi; Max. Inj. Rate 2000 (reg) bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 5/8"</u>	<u>5 1/2"</u>			<u>2 7/8"</u>
Set at		<u>986</u>	<u>4066'</u>			<u>4035'</u>
Cement Top		<u>0</u>	<u>2630'</u>			Type <u>Seal tite</u>
" Bottom		<u>986</u>	<u>4066'</u>			
DV/Perf.			TD (and plug back)		<u>4500'</u>	ft. depth
Packer type	<u>Arrow AS-1 Loc-Set</u>		Size <u>5 1/2" x 2 7/8"</u>		Set at <u>4035'</u>	
Zone of injection	<u>Arrow</u>	ft. to ft. <u>4066 - 4500</u>			Perf. or open hole <u>open hole</u>	

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 | 10 Min. 20 Min. 30 Min.

I	E	L	D	D	A	T	A
	Pressures: <u>359</u>	<u>359</u>	<u>359</u>	<u>359</u>	Set up 1	System Pres. during test	<u>0</u>
					Set up 2	Annular Pres. during test	<u>359</u>
					Set up 3	Fluid loss during test	<u>0</u> bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with a packer

Test Date 7/17/15 Using Shane's Tank Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4035 feet

was the zone tested Chris Gottschalk Signature Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Robert Dickerson Title PART II Witness: Yes No

REMARKS: 5yr retest. Treated water on backside. Initial test.

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

AS: 38.18699 GPS entered

5A
7/22/15
SCANNED
KCC FORM U-7 6/84