KOLAR Document ID: 1529940

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☑ Enhanced Recovery: ☐ KCC District No.: 2

Operator License No.: 5042 Name: Edmiston Oil Company, Inc.

Address 1: 125 N MARKET STE 1420

Address 2:

City: WICHITA State: KS Zip: 67202 + 1714

Contact Person: Scott Lawson Phone: (316) 265-5241

API No.: 15-095-21577-00-03 Permit No.: D25301.0

_ - SW - NE - NE Sec. 36 Twp. 29 S. R. 9 ☐ East ☑ West

4460 Feet from ☐ North / ☑ South Line of Section

944 Feet from ☑ East / ☐ West Line of Section

Lease: HARTSHORN Well No.: 1

County: Kingman

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

Maximum Authorized Injection Pressure: 150 psi Maximum Injection Rate: 3000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*	*Tubing*
Size:	NA	10.75	NA	7	4.5	2.875
Set at:		257		4702	5050	4275
Sacks of Cement:		210		265	130	Type: Lined Tubing
Cement Top:		0		3776	4291	
Cement Bottom:		257		4702	5050	

Packer Type: Tension Set at: 4275

☐ DV Tool ☐ Port Collar Depth of: ___ feet with ___ sacks of cement TD (and plug back): 4740 feet depth

Zone of Injection Formation: ARBUCKLE Top Feet: 4764 Bottom Feet: 4804 Perf. or Open Hole: Open

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: 37.48332 Long: -98.2486 Date Acquired: 05/05/2005

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 1-YEAR TEST

Time in Minute(s):	0	15	30			
Pressures: Set up 1	320	320	320			
Set up 2						
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 1

Test Date: 09/21/2020 Using: Pro-Stim Company's Equipment

The zone tested for this well is between 0 feet and 4275 feet.

The test results were verified by operator's representative:

Name: Shannon Raybern Title: Superintendant Phone: (620) 793-2672

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 09/21/2021

State Agent: BJ Hope Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks: Anguard in backside.