KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☑ Enhanced Recovery: ☐ KCC District No.: 1

Operator License No.: 32408 Name: Bob's Oil Service, Inc.

Address 1: 504 N MAIN ST

Address 2:

City: ELLINWOOD State: KS Zip: 67526 + 1439

Contact Person: Donna Long Phone: (620) 564-3070

API No.: 15-185-22049-00-01 Permit No.: D23722.0

SW - SW - NE - SW Sec. 16 Twp. 22 S. R. 12 ☐ East ☑ West

1647 Feet from ☐ North / ☑ South Line of Section

3618 Feet from ☑ East / ☐ West Line of Section

Lease: TEICHMANN SWD Well No.: 2-16

County: Stafford

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

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 10000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*
Size:	NA	10.75	NA	7	5.5
Set at:		405		3798	3770
Sacks of Cement:		275		475	550
Cement Top:		0		2515	0
Cement Bottom:		405		3798	3770

Tubing
Size: 3.5
Set at: 3752
Type: Sealtite

Packer Type: Seatite in compression Set at: 3752

☐ DV Tool ☐ Port Collar Depth of: ____ feet with ____ sacks of cement TD (and plug back): 3892 feet depth

Zone of Injection Formation: ARBUCKLE Top Feet: 3798 Bottom Feet: 3892 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: 38.13426 Long: -98.65049 Date Acquired: 04/28/2021

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 5-YEAR TEST

Time in Minute(s):	0	15	30			
Pressures: Set up 1	300	300	300			
Set up 2						
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: -5 Bbls. to load annulus: 1

Test Date: 04/28/2021 Using: Bob's Oil Service, Inc. Company's Equipment

The zone tested for this well is between 0 feet and 3752 feet.

The test results were verified by operator's representative:

Name: Ken Scofield Title: ECRS Phone: (620) 338-1610

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 04/27/2026

State Agent: Ken Scofield Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks: