

**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><b>KCC Office Use Only</b></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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CASING MECHANICAL INTEGRITY TEST

DOCKET # D-30939

Disposal  Enhanced Recovery: \_\_\_\_\_

Repressuring

Flood

Tertiary

Date injection started \_\_\_\_\_

API #15 -145 -21626-00-01

NE NW SE, Sec. 7, T 22 S, R 16 E (W)

2075 (3795) Feet from South Section Line

1500 (1514) Feet from East Section Line

Lease EAKIN Well # 2-7

County PAWNEE

Operator: SHELBY RESOURCES, LLC Operator License # 31725

Name & Address 621 17<sup>th</sup> ST STE 1155 Contact Person CHRIS GOTTSCHALK

DENVER, CO 80293-1101 Phone 785-623-1524

Max. Auth. Injection Press. 300 psi; Max. Inj. Rate 2000 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>1035</u>	<u>4047</u>	_____	_____	<u>4006</u>
Cement Top	_____	<u>0</u>	<u>3246</u>	_____	_____	Type <u>SEALTYPE</u>
" Bottom	_____	<u>1035</u>	<u>4047</u>	_____	_____	
DV/Perf.	_____	_____	_____	_____	_____	_____
Packer type <u>ARROW AS-1</u>	_____	_____	_____	_____	_____	_____
Zone of injection <u>ARBUCKLE</u>	_____	_____	_____	_____	_____	_____

TD (and plug back) 4255 ft. depth

Size 5 1/2 x 2 7/8 Set at 4006

ft. to ft. 4047-4255 Perf. or open hole OPEN HOLE

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F I E L D A T A

Time: Start 9:10 Min. 15 Min. 30 Min.

Pressures: 310 310 310 Set up 1 System Pres. during test 0

Set up 2 Annular Pres. during test 310

Set up 3 Fluid loss during test 0 bbls.

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with \_\_\_\_\_

Test Date 6-28-16 Using SHANE'S TANK SERVICE, RUSSELL Company's Equipment

The operator hereby certifies that the zone between 0 feet and 4006 feet was the zone tested

Chris Gottschalk Signature Title

The results were Satisfactory , Marginal , Not Satisfactory

State Agent Ken Hooper Title ECRS Witness: Yes  No

REMARKS: RETEST IN 5 YEARS

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

Computer Update N 38.15098 W 99.11916 SA

COPY KCC Form U-7 6/84

SCANNED

GPS entered