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Kansas Corporation Commission Oil & Gas Conservation Division

Form U-7 August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: Enhanced Recovery: KCC District No.:		No.:	Permit No.:		
Operator License No.: Name:		Sec	Twp	S. R	East West
Address 1:			Feet from	North / Sout	h Line of Section
Address 2:			Feet from	East / Wes	t Line of Section
City: State: Zip:	+ Lea	ıse:		Well	No.:
Contact Person: Phone: ()	Cou	unty:			
Well Construction Details: New well Existing well with	changes to constructio	n Evicting well w	ith no change	os to construcion	
	Maximum Injection R			es to constitución	
Conductor Surface	Intermediate	Production			Tuhina
	memediale	Production	Liner	Si-a.	Tubing
Size:				Size:	
Set at:				Set at:	
Sacks of Cement:				Туре:	
Cement Top:					
Cement Bottom:					
Packer Type:			Set at:		
DV Tool Port Collar Depth of: feet wit	h sacks of ce	ement TD (and plug	ı back):		feet depth
Zone of Injection Formation: To	op Feet:	Bottom Feet: _		Perf. or Open Hol	e:
Is there a Chemical Sealant or a Mechanical Casing patch in the a	annular space? 🔲 Ye	es No			
GPS Location: Datum: NAD27 NAD83 WGS		Long: MIT Reason	1:	Date Acquired:	
Time in Minute(s):		_			
Pressures: Set up 1					
Set up 2					
Set up 3					
Tested: Casing or Casing - Tubing Annulus Sy	vetem Pressure during to		Rbli	s. to load annulus:	
Test Date: Using:					
The zone tested for this well is between feet and				Con	ipany s Equipment
The test results were verified by operator's representative:	1001.				
	T:41		Dhama		
Name:	Iitle:		Phone:	()	
KCC Office Use Only State Agent:		Title:		Witness:	Yes No
The results were: Remarks:					
Satisfactory					
Not Satisfactory					
Next MIT:					