

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



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Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

09/01/2021

Colt Energy, LLC.
Attn: Amanda Phillips
PO Box 388
Iola, KS 66749-0388

RE: MIT Clerical Error
KOLAR Document ID#1586905
API#15-001-02732-00-01 Permit #D-05,954
Well Name: KIRK #21 A

Dear Operator:

This letter is in regards to a clerical error that has occurred on an MIT that submitted for the above referenced well. The MIT contained the following incorrect information for the well.

Date of MIT performed

Next Due Date: 08/19/2026

Other: Clerical error was made indicating that the well failed it's MIT. The well actually passed its MIT and correction will be made in our database reflecting this.

Please find a corrected MIT enclosed for your records.

Please contact your local District Office at 620-902-6452 if you have any questions or concerns.

Thanks,

Duane A. Sims
District #3 UIC Coordinator

**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 checked="" type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p> <p style="color: red; font-weight: bold;">08/19/2026</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p> <p style="color: red; font-weight: bold;">Clerical error was made on this U-7 stating that the well failed. The well actually passed and corrections have been made on KCC database indicating this correction. DAS</p>
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