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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION CASING MECHANICAL INTEGRITY TEST

Disposal: Enhanced Recovery: KCC District No.: ____ API No.: Permit No.: _____ - ____ Sec. ____ Twp. ____ S. R. ____ East West Operator License No.: _____ Name: ___ ___ Feet from North / South Line of Section Address 1: __ _____Feet from East / West Line of Section Address 2: State: Zip: + Lease: Well No.: City: Contact Person: ____ _____ Phone: (_____) _____ 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 Conductor Surface Intermediate Production Liner Tubing 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 Date Acquired: GPS Location: Datum: NAD27 NAD83 WGS84 Lat: Long: MIT Reason: MIT Type: _ Time in Minute(s): Pressures: Set up 1 Set up 2 Set up 3 or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: __ Tested: Casing Using: Test Date: Company's Equipment The zone tested for this well is between ______ feet and ______ feet. The test results were verified by operator's representative: ____ Title: _____ Phone: (____) _____ Name: _ Witness: Yes No _____ Title: _____ **KCC Office Use Only** State Agent: ____ The results were: Remarks: Satisfactory Not Satisfactory Next MIT:

Form U-7 August 2019