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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.:	API No.: Permit No.:
Operator License No.: Name:	
Address 1:	Feet from North / South Line of Section
Address 2:	Feet from East / West Line of Section
City: + + +	
Contact Person: Phone: ()	
Well Construction Details: New well Existing well with changes to c	onstruction Existing well with no changes to construcion
Maximum Authorized Injection Pressure: psi Maximum	njection Rate: bbl/d
Conductor Surface Intermediate	Production Liner Tubing
Size:	Size:
Set at:	Set at:
Sacks of Cement:	
Cement Top:	
Cement Bottom:	
	Sot at:
Packer Type:	
	eacks of cement TD (and plug back): feet depth
Zone of Injection Formation: Top Feet:	Bottom Feet: Perf. or Open Hole:
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 Pressur	e during test: Bbls. to load annulus:
Test Date: Using:	Company's Equipment
The zone tested for this well is between feet and fe	et.
The test results were verified by operator's representative:	
Name: Title:	Phone: ()
KCC Office Use Only State Agent:	Title: Witness: Yes No
The results were: Remarks:	
Satisfactory	
Not Satisfactory	
Next MIT:	
Next MIT:	