KOLAR Document ID: 1621333

## Kansas Corporation Commission Oil & Gas Conservation Division

Form U-7 August 2019

## **CASING MECHANICAL INTEGRITY TEST**

|   | _   API No.:               |                | Permit No.:               |                    |
|---|----------------------------|----------------|---------------------------|--------------------|
| Operator License No.: Name:   | _                          | Twp            | S. R                      | East West          |
| Address 1:  | _                          | Feet from      | North / Sou               | th Line of Section |
| Address 2:  | _                          | Feet from      | East / Wes                | t Line of Section  |
| City:   | _ Lease:                   |                | Wel                       | l No.:             |
| Contact Person: Phone: ( )  | County:                    |                |                           |                    |
|   |                            |                |                           |                    |
| Well Construction Details: New well Existing well with changes to co  | nstruction Existing well   | with no change | s to construcion          |                    |
| Maximum Authorized Injection Pressure: psi Maximum In   | jection 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 sa  | acks of cement TD (and plu | g back):       |                           | feet depth         |
| Zone of Injection Formation: Top Feet:  | Bottom Feet:               |                | Perf. or Open Ho          | le:                |
| Is there a Chemical Sealant or a Mechanical Casing patch in the annular space?  | ? Yes No                   |                |                           |                    |
|   | MIT Posse                  |                | Date Acquired:            |                    |
| MIT Type:   |                            | • • •          |                           |                    |
| T' ' 5 5' ( / )   |                            |                |                           |                    |
| Time in Minute(s):  |                            |                |                           |                    |
| Pressures: Set up 1   |                            |                |                           |                    |
| Pressures: Set up 1 Set up 2  |                            |                |                           |                    |
| Pressures: Set up 1 Set up 2 Set up 3   |                            |                |                           |                    |
| Pressures: Set up 1 Set up 2 Set up 3 Tested: Casing or Casing - Tubing Annulus System Pressure   | -                          | Bbls           | . to load annulus:        |                    |
| Pressures: Set up 1 Set up 2 Set up 3 Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using:   |                            | Bbls           | . to load annulus:        |                    |
| Pressures: Set up 1 Set up 2 Set up 3   |                            | Bbls           | . to load annulus:        |                    |
| Pressures: Set up 1 Set up 2 Set up 3 Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using:   |                            | Bbls           | . to load annulus:        |                    |
| Pressures: Set up 1 Set up 2 Set up 3 Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: feet and f  | et.                        | Bbls           | . to load annulus:<br>Cor | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using:  The zone tested for this well is between feet and feet The test results were verified by operator's representative:   | et.                        | Bbls           | . to load annulus:<br>Cor | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3 Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using:  The zone tested for this well is between feet and | et.                        | Bbls           | . to load annulus: Cor    | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: The zone tested for this well is between feet and feet The test results were verified by operator's representative:  Name: Title:  | et Title:                  | Bbls           | . to load annulus: Cor    | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: The zone tested for this well is between feet and feet The test results were verified by operator's representative:  Name: Title:  | et Title:                  | Bbls           | . to load annulus: Cor    | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: The zone tested for this well is between feet and feet The test results were verified by operator's representative:  Name: Title:  KCC Office Use Only The results were: Remarks:  | et Title:                  | Bbls           | . to load annulus: Cor    | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: The zone tested for this well is between feet and feet and feet The test results were verified by operator's representative:  Name: Title:  KCC Office Use Only The results were:  Satisfactory  Remarks:  | et Title:                  | Bbls           | . to load annulus: Cor    | npany's Equipment  |
| Pressures: Set up 1 Set up 2 Set up 3  Tested: Casing or Casing - Tubing Annulus System Pressure Test Date: Using: The zone tested for this well is between feet and feet The test results were verified by operator's representative:  Name: Title:  KCC Office Use Only The results were: Satisfactory Not Satisfactory Not Satisfactory  | et Title:                  | Bbls           | . to load annulus: Cor    | npany's Equipment  |

Conservation Division District Office No. 1 210 E. Frontview, Suite A Dodge City, KS 67801



Phone: 620-682-7933 http://kcc.ks.gov/

Laura Kelly, Governor

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

# FAILED MECHANICAL INTEGRITY TEST (MIT) DEADLINE FOR COMPLIANCE

#### 03/02/2022

LICENSE 34381 Urban Oil and Gas Group LLC 1000 E 14TH ST SUITE 300 PLANO, TX 75074-6214

Re: API No. 15-119-20750-00-01 Permit No. E25081.8 ADAMS RANCH F-27 15-35S-29W Meade County, KS

### Operator:

On 02/18/2022, the referenced well failed a mechanical integrity test. Under K.A.R. 82-3-407(c), you have 90 days to:

- 1) repair and retest the well to show mechanical integrity,
- 2) plug the well, or
- 3) isolate all leaks to demonstrate the well does not pose a threat to fresh or usable water or endanger correlative rights.

The well must be shut-in and disconnected until it complies with K.A.R. 82-3-407(c).

Failure to comply with K.A.R. 82-3-407(c) by 05/19/2022 shall be punishable by a \$1,000 penalty.

Please contact this office as soon as possible to let us know your plans for this well.

Sincerely,

Eric MacLaren KCC District #1