

**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: (____) _____

KCC Office Use Only

The results were:

☐ Satisfactory

☐ Not Satisfactory

Next MIT: _____

State Agent: _____ Title: _____ Witness: ☐ Yes ☐ No

Remarks: _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR INJECTION WELL

Form U-1
August 2020
Form must be Typed
Form must be Signed
All blanks must be Filled

Disposal ☐

Enhanced Recovery: ☐ Repressuring

☐ Waterflood

☐ Tertiary

Date: _____

Operator License Number: _____

Operator: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Permit Number: _____

API Number: _____

Well Location

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ E ☐ W

_____ feet from ☐ S / ☐ N Line of Section

_____ feet from ☐ E / ☐ W Line of Section

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

Lease Description: _____

Lease Name: _____ Well Number: _____

Field Name: _____

County: _____

Deepest Usable Water

Formation: _____

Depth to Bottom of Formation: _____

Check One: ☐ Old Well Being Converted ☐ Newly Drilled Well ☐ Well to be Drilled

Surface Elevation: _____ feet Well Total Depth: _____ feet Plug Back Depth: _____ feet

Datum of top of injection formation: _____ feet (*reference mean sea level*)

Injection Formation Description:

Name	top / bottom	perf / open hole	depth
_____	_____ / _____	_____ at _____	to _____ feet
_____	_____ / _____	_____ at _____	to _____ feet

List of Wells/Facilities Supplying Produced Saltwater or Other Fluids Approved by the Conservation Division:

(attach additional sheets if necessary)

Lease Operator	Lease/Facility Name	Lease/Facility Description	Well ID & Spot Location
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Producing Formation	Strata Depth	Total Dissolved Solids (<i>if available</i>)
1. _____	_____ to _____ feet	_____ mg/l
2. _____	_____ to _____ feet	_____ mg/l
3. _____	_____ to _____ feet	_____ mg/l

Maximum Requested Liquid Injection Rate: _____ bbls / day; or

Maximum Requested Gas Injection Rate: _____ scf / day. Type of Gas: _____

Maximum Requested Injection Pressure: _____ psig

Mail to: KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, Kansas 67202-1513

Well CompletionType: ☐ Tubing & Packer ☐ Packerless ☐ Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size					
Setting Depth					
Amount of Cement					
Top of Cement					
Bottom of Cement					

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at _____ feet, cemented to _____ feet with _____ sx.

Tubing: Type _____ Grade _____

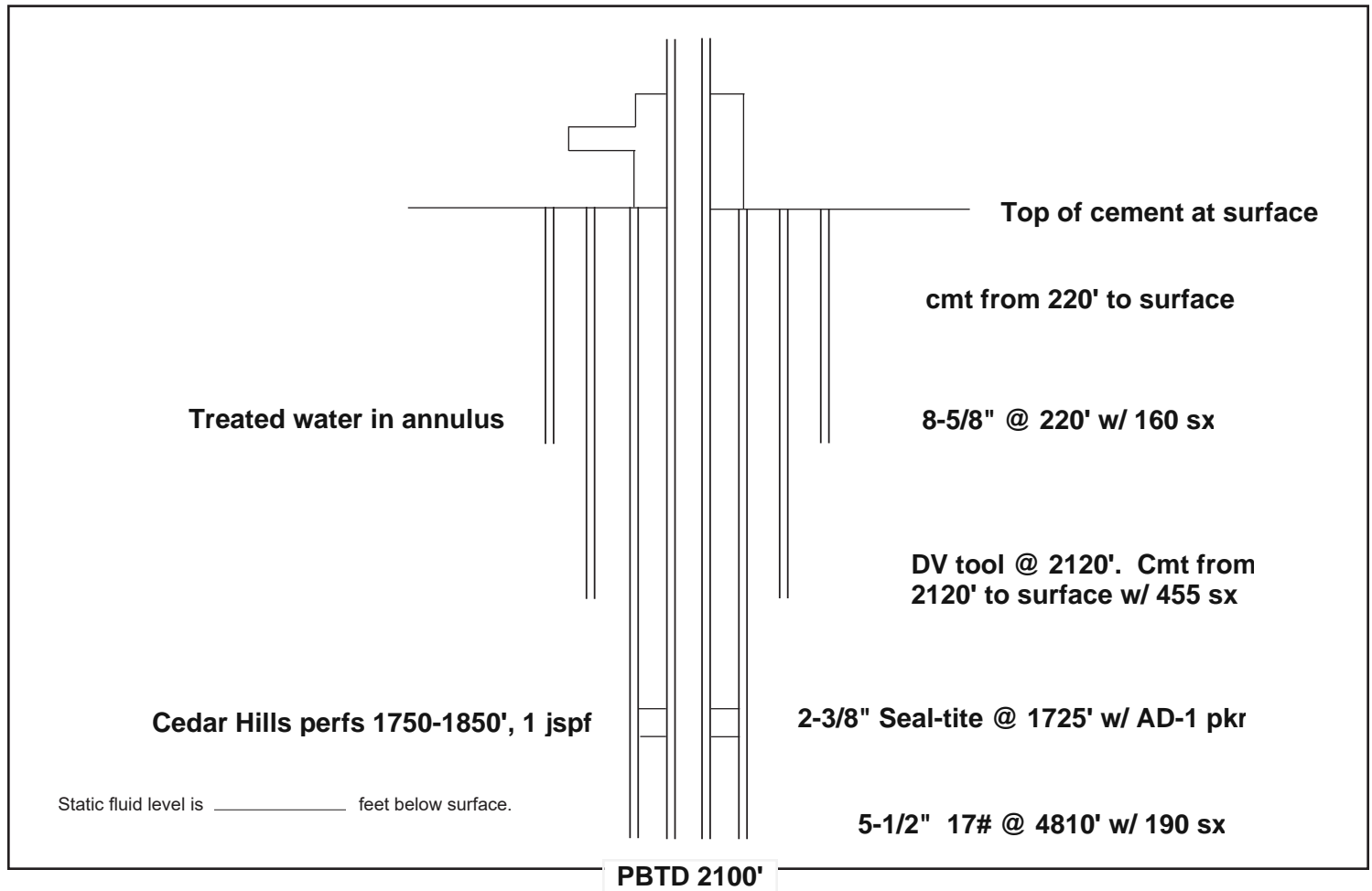
Packer: Type _____ Depth _____

Annulus Corrosion Inhibitor: Type _____ Concentration _____

List Logs Enclosed: _____

Well Sketch

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)



(Attach additional sheets if necessary)

Legal Description of Leasehold:

[illegible]

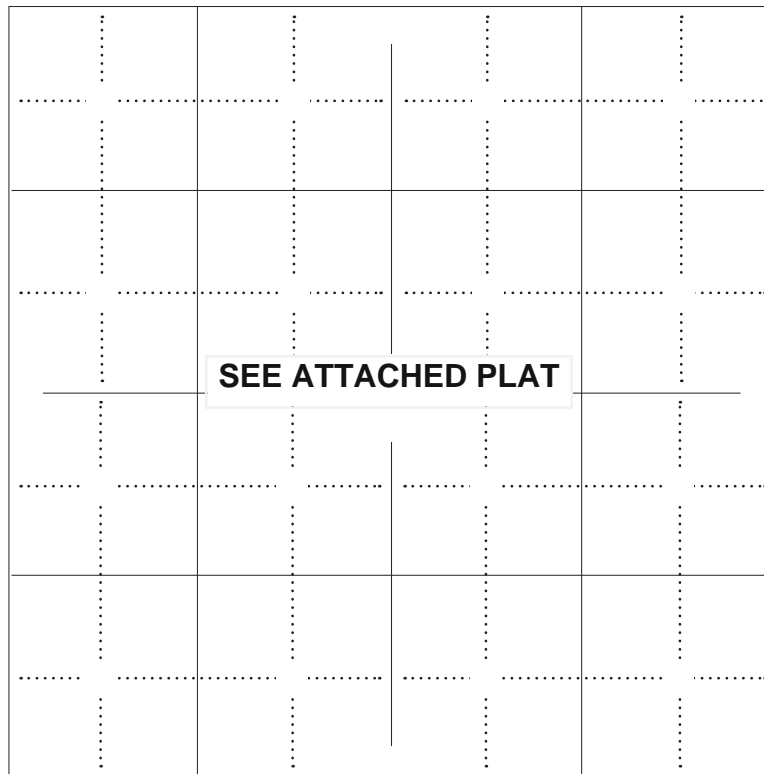



1. Fully complete application, including page 4 (plat map) showing subject well and all known oil, gas and input wells, including wells being drilled, inactive wells, or dry holes, within one-half mile. Show lease names and operators or unleased mineral rights owners of all lands within one-half mile. Show well numbers and elevations of producing formation tops.
2. Attach some type of log (*drillers log, electric log, etc.*).
3. Attach some type of verification of cementing for surface casing, longstring, D.V. tool, perforations, etc. (*Cement ticket and job log, bond log, etc.*).
4. Fill in schematic drawing of subsurface facilities including: size, setting depth, amount of cement, measured or calculated tops of cement for each of surface, intermediate (*if any*) and production casing; size and setting depth of tubing and packer; geological zone of injection showing top and bottom of injection interval.
5. The original and one copy of the application and all attachments shall be mailed to the Conservation Division.
6. Deliver or mail one (1) copy of the application to the landowner on whose land the injection well is located and to each operator or lessee of record and each unleased mineral rights owner within one-half mile of the applicant well before or when you file this application.
7. Approval of this application, if granted, is valid only as long as there are no substantial changes in operation set forth in the application. A substantial change requires the approval of a new application. ***No injection well may be used without prior written authorization.***
8. All application fees must accompany the application.
9. After confirming the Conservation Division's receipt of this application, publish notice of the application in the official county newspaper of record where the well(s) is located. Mail a copy of the affidavit to the Conservation Division upon receipt from the newspaper.

Plat and Certificate of Injection Well Location and Surrounding Acreages

Operator: _____ Location of Well: _____

Lease: _____ feet from ☐ S / ☐ N Line of SectionWell Number: _____ feet from ☐ E / ☐ W Line of SectionCounty: _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West**Plat**

Show the following information: applicant injection well, all producing wells, inactive wells, plugged wells, and other wells within a one-half mile radius, all lease boundaries, lease operators, unleased mineral rights owners, well numbers, and producing wells producing formation tops.

applicant well producing well plugged injection well D & A well other injection well temporary abandoned well plugged producer water supply well 

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