

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

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

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**

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:  Repressing  
 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: \_\_\_\_\_ (e.g. xx.xxxx), Long: \_\_\_\_\_ (e.g. -xxx.xxxx)

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
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1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Producing Formation	Strata Depth	Total Dissolved Solids (if available)
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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

**Well Completion**

Type:  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 \_\_\_\_\_

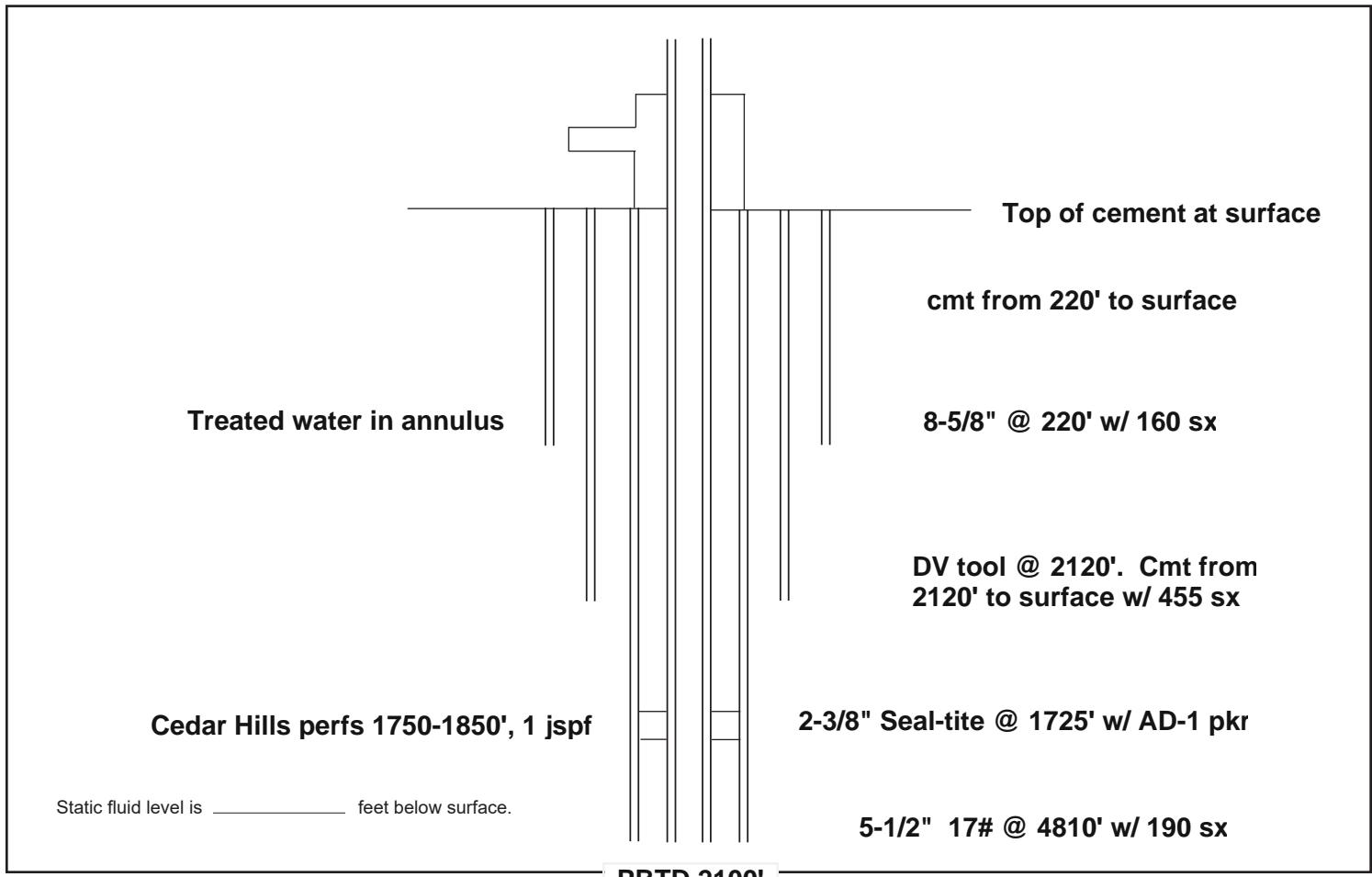
Packer: Type \_\_\_\_\_ Depth \_\_\_\_\_

Annulus Corrosion Inhibitor: Type \_\_\_\_\_ Concentration \_\_\_\_\_

List Logs Enclosed: \_\_\_\_\_

**Well Sketch**

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



## **Offset Operators, Unleased Mineral Owners and Landowners acreage**

*(Attach additional sheets if necessary)*

Name: \_\_\_\_\_

**Legal Description of Leasehold:**

**Instructions:**

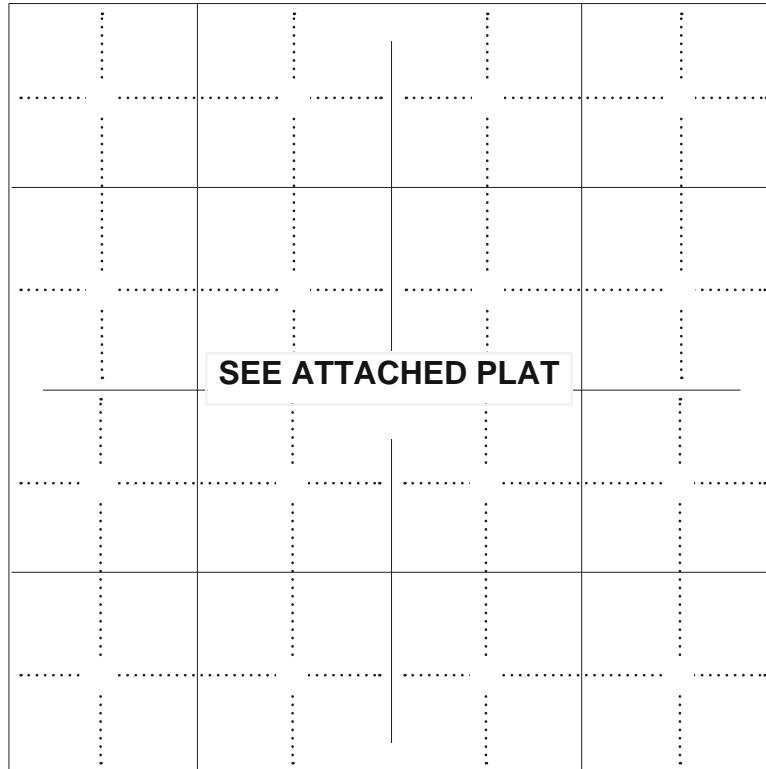
1. Fully complete application, including page 4 (plat map) showing subject well and all known oil, gas and input wells, including wells being drilled, inactive wells, or dry holes, within one-half mile. Show lease names and operators or unleased mineral rights owners of all lands within one-half mile. 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 &amp; A well

other injection well

temporary abandoned well

plugged producer

water supply well

### ***Affidavit of Notice Served***

Re: Application for: \_\_\_\_\_

Well Name: \_\_\_\_\_ Legal Location: \_\_\_\_\_

Note: A copy of this affidavit must be served as a part of the application.

Name:

Address: (Attach additional sheets if necessary)

I certify that the statements and information contained in this application are true and correct to the best of my knowledge, and that a true and correct copy of this application was delivered or mailed to all required persons, and that such persons are identified on Page 5 of this application.

*Applicant or Duly Authorized Agent*

Subscribed and sworn before me on: \_\_\_\_\_

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*Notary Public*

My Commission Expires: \_\_\_\_\_

Protests may be filed by any party having a valid interest in the application. Petitions for protests shall be in writing and shall clearly identify the name and address of the protester and the title of the application. The petition shall include a clear and concise statement of the direct and substantial interest of the protester in the proceeding, including specific allegations as to the manner in which the grant of the application will cause waste, violate correlative rights, or pollute the water resources of the state of Kansas. Protesters shall serve the protest upon the applicant by mail or personal service at the same time or before the protester files the protest with the Conservation Division. Protests must be filed within 30 days of the publication notice of the application.

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