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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:	s	ec Twp S. R	East West
Address 1:		Feet from North / So	outh Line of Section
Address 2:		Feet from East / W	est Line of Section
City: State: Zip: +	Lease:		'ell No.:
Contact Person: Phone: ()	County:		
Well Construction Details: New well Existing well with chang	es to construction Fyisting w	ell with no changes to construcion	
	imum Injection Rate:		
,	nediate Production	Liner	Tubing
	rioduction rioduction		rubing
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 Fee	t: Bottom Fe	et: Perf. or Open H	lole:
Is there a Chemical Sealant or a Mechanical Casing patch in the annula	r space? Yes No		
GPS Location: Datum: NAD27 NAD83 WGS84 L	FIELD DATA _at: Long:	Date Acquired:	
MIT Type:	MIT Rea	ason:	
Time in Minute(s):			
Pressures: Set up 1			
Set up 2			
Set up 3			
Tested: Casing or Casing - Tubing Annulus System F	Pressure during test:	Bbls. to load annulus: _	
Test Date: Using:		C	ompany'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 State Agent:	Title:	Witness	s: Yes No
The results were: Remarks:			
Satisfactory			
Not Satisfactory			
Next MIT:			
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