KOLAR Document ID: 1634802

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☐ Enhanced Recovery: ☑ KCC District No.: 3

Operator License No.: 3313 Name: TM Enterprises, Inc.

Address 1: PO BOX 781821

Address 2:

City: WICHITA State: KS Zip: 67278 + 1821

Contact Person: Martha Tregellas Phone: (316) 393-5229

API No.: 15-073-01613-00-01 Permit No.: E05079.2

__ - NE - NW - SW Sec. 6 Twp. 24 S. R. 11 ☑ East ☐ West

3135 Feet from ☑ North / ☐ South Line of Section

1005 Feet from ☐ East / ☑ West Line of Section

Lease: KIPFER Well No.: 6

County: Greenwood

Well Construction Details: ☐ New well ☐ Existing well with changes to construction ☑ Existing well with no changes to construcion

Maximum Authorized Injection Pressure: 800 psi Maximum Injection Rate: 2000 bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Tubing
Size:	n/a	8.625	n/a	5.5	4.5	2.375
Set at:		60		2020	1873	1813
Sacks of Cement:		50		100	80	Seal-tite
Cement Top:		0		0	0	
Cement Bottom:		60		2020	1893	

Packer Type: Baker Model A Set at: 1813

☐ DV Tool ☐ Port Collar Depth of: ____ feet with ____ sacks of cement TD (and plug back): 2020 feet depth

Zone of Injection Formation: BARTLESVILLE Top Feet: 1921 Bottom Feet: 1941 Perf. or Open Hole: Perf

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: Tubing and Packer (or Initial Pressure) Test MIT Reason: 5-YEAR TEST

Time in Minute(s):	0	15	30			
Pressures: Set up 1	305	305	305			
Set up 2						
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: ____ Bbls. to load annulus: ____

Test Date: 03/25/2022 Using: Don Soule Company's Equipment

The zone tested for this well is between 0 feet and 1813 feet.

The test results were verified by operator's representative:

Name: Gail Dimick Title: Pumper Phone: (620) 678-3408

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 03/24/2027

State Agent: Rodney Breeze Title: E.C.R.S. Witness: ☐ Yes ☑ No

Remarks: All information from permit.