

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

Form U-7
August 2019

Disposal: ☐ Enhanced Recovery: ☒ KCC District No.: 3
Operator License No.: 33397 Name: Running Foxes Petroleum Inc.
Address 1: 14550 E EASTER AVE STE 200
Address 2: _____
City: CENTENNIAL State: CO Zip: 80112 + 4222
Contact Person: Joe Taglieri Phone: (303) 829-3041

API No.: 15-011-23943-00-00 Permit No.: E30725.5
NE NE NE NE Sec. 25 Twp. 24 S. R. 25 ☒ East ☐ West
_____ 5304 _____ Feet from ☐ North / ☒ South Line of Section
_____ 43 _____ Feet from ☒ East / ☐ West Line of Section
Lease: SHAW Well No.: 1-25A INJ2
County: Bourbon

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

Maximum Authorized Injection Pressure: 200 psi Maximum Injection Rate: 150 bbl/d

	<i>Conductor</i>	<i>Surface</i>	<i>Intermediate</i>	<i>Production</i>	<i>Liner</i>	<i>Tubing</i>
Size:	N/A	8.625	N/A	2.875	N/A	N/A
Set at:		20		327		
Sacks of Cement:		4		60		
Cement Top:		0		0		
Cement Bottom:		20		327		
Packer Type:	<u>N/A</u>					Set at: _____

☐ DV Tool ☐ Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 340 feet depth

Zone of Injection Formation: BARTLESVILLE Top Feet: 265 Bottom Feet: 270 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: 37.93549 Long: -94.61492 Date Acquired: 02/13/2019

MIT Type: Fluid Depression Test MIT Reason: 5-YEAR TEST

Time in Minute(s):	20	40	60			
Pressures: Set up 1	230	220	220			
Set up 2						
Set up 3						

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

Test Date: 05/20/2022 Using: CST OIL AND GAS CORP Company's Equipment

The zone tested for this well is between 0 feet and 265 feet.

The test results were verified by operator's representative:

Name: Charles large Title: FIELD SUPERVISOR Phone: (417) 317-6296

KCC Office Use Only

The results were:

- ☒ Satisfactory
☐ Not Satisfactory

Next MIT: 05/19/2027

State Agent: Ryan Tromsness Title: E.C.R.S. Witness: ☒ Yes ☐ No

Remarks: _____
(TP)265x.43=114+(CP)100=214
All information came from permit.