

**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: (\_\_\_\_) \_\_\_\_\_

<p><b>KCC Office Use Only</b></p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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Form	U7 - Casing Mechanical Integrity Test
Operator	River Rock Operating, LLC
Well Name	BROOKS-VANDERFORD 1 SWD
Doc ID	1643782

Injection Zones

FormationName	Top	Bottom
ARBUCKLE	1396	1402
ARBUCKLE	1405	1408
ARBUCKLE	1412	1418

CASING MECHANICAL INTEGRITY TEST

DOCKET # 27982

Disposal  Enhanced Recovery:

SW NE SE, Sec 28, T 29 S, R 17  E/W

OWOP

Repressuring   
Flood   
Tertiary

1409 GRS Feet from South Section Line  
1055 GRS Feet from East Section Line

Date injection started \_\_\_\_\_  
API #15 - 205-25457-00-00

Lease BROOKS - VANDERFORD Well # SWD-1  
County Wilson

Operator: River Rock Operating  
Name & Address 211 N. Robinson  
Suite 200

Operator License # 35341  
Contact Person JAY JAMESON

OKLAHOMA CITY OK 73102 Phone 405-606-7481

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at	_____	<u>8 5/8</u>	<u>4 1/2</u>	_____	Set at	_____
Cement Top	_____	<u>20'</u>	<u>1425</u>	_____	Type	_____
" Bottom	_____	<u>SURFACE</u>	<u>SURFACE</u>	_____		
DV/Perf.	_____	<u>20'</u>	<u>1425</u>	_____		

Packer type \_\_\_\_\_ TD (and plug back) \_\_\_\_\_ ft. depth  
Zone of injection 1396 ft. to ft. 1418 Perf. or open hole PERF

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F Time: Start 20 Min. 40 Min. 60 Min.  
I 9:45 AM  
E Pressures: 270 270 270 Set up 1 System Pres. during test \_\_\_\_\_  
L \_\_\_\_\_ Set up 2 Annular Pres. during test \_\_\_\_\_  
D \_\_\_\_\_ Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

T Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with FLUID DEPRESSION

Test Date 5-18-22 Using Kepley Well Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1396 feet

was the zone tested [Signature] Signature CONTRACTOR Title

The results were Satisfactory \_\_\_\_\_, Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent \_\_\_\_\_ Title \_\_\_\_\_ Witness: Yes \_\_\_\_\_ No \_\_\_\_\_  
REMARKS: 1396 - FL 772 = 624 x .43 = 268 PSI

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update