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Form U-7 August 2019

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

Disposal: Enhanced Recovery: KCC District No.:	API No.: Permit No.:
Operator License No.: Name:	
Address 1:	
Address 2:	Feet from East / West Line of Section
City: State: Zip:+	Lease: Well No.:
Contact Person: Phone: ()	County:
Well Construction Details: New well Existing well with changes	construction Existing well with no changes to construcion
Maximum Authorized Injection Pressure: psi Maxim	n Injection Rate: bbl/d
Conductor Surface Intermed	te Production Liner Tubing
Size:	Size:
Set at:	Set at:
Sacks of Cement:	Туре:
Cement Top:	
Cement Bottom:	
Packer Type:	Set at:
DV Tool Port Collar Depth of: feet with	_ sacks of cement TD (and plug back): feet dep
Zone of Injection Formation: Top Feet: _	
Is there a Chemical Sealant or a Mechanical Casing patch in the annular s	
GPS Location: Datum: NAD27 NAD83 WGS84 Lat	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 Pre	sure during test: Bbls. to load annulus:
Test Date: Using:	Company's Equipme
The zone tested for this well is between feet and	feet.
The test results were verified by operator's representative:	
Name: Titl	Phone: ()
KCC Office Use Only State Agent:	Title: Witness: Yes No
The results were: Remarks:	
The results were: Remarks:	
The results were: Remarks:	
The results were: Remarks: Satisfactory Not Satisfactory	