

**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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**KANSAS CORPORATION  
COMMISSION**

266 N. Main St.  
Suite 220  
Wichita, KS 67202  
Fax 316-337-6211



District #1, 210 E Frontview, Ste A, Dodge City KS 67801 620-682-7933  
District #2 3450 N. Rock Rd. #601, Wichita, KS 67226 316-337-7400  
District #3, 137 E 21<sup>st</sup> St., Chanute KS 66720 620-902-6450  
District #4, 2301 E. 13<sup>th</sup> Hays KS 67601 785-261-6250  
Check Appropriate District Office

# Annular Additive Design Request

Company Name: RJM Company, Inc. License #: 30458

Address: PO Box 256

City/State/Zip: Claflin/KS/67525

Phone #: 620-786-8744 Email: rjmcompany@hbcomm.net

Contact Person: Chris Hoffman Title: Production Man

Well Name: Binger OWWO API # 15-159-35633-00-01

Location: FSL 3297 ' FEL 1086 ' Qtr-Qtr-Qtr W2-SE-NE UIC Docket D20296.0

Section 13 Township 20 Range 10 E / W County: Rice

Date of Failed MIT: 06/02/2022 Reason for Failure: Well never stabilized pressure.

Location (depth) and Type of Leak: 2150. Appears to be a tight thread leak.

Method used to determine leak location: Packer and Plug

MIT failure bleed off rate from 300 psi to 250 psi in 15 minutes.

Cemented intervals in well: 2450 to 3388 & 190 to surface

Top & bottom of Fresh and Useable Ground Water: 100' Formation Name: Arbuckle

Name of Additive to be used: Anguard

Well construction: Production casing size: 5.5 Tubing size & packer depth: 2.875 @ 3238

Describe the Method of Additive Placement and Expected Quantity to be used: Spot 15 bbl Anguard down backside to 2150' and pressure in.

Today's date: 07 / 25 / 2022 Expected Date to begin Procedure: 07 / 26 / 2022

**District Supervisor Approval for Additive Use.**

RJM COMPANY, INC. is hereby approved to use the above named additive to restore Mechanical

Integrity In the BINGER DAVID R well on this day 7 / 25 / 2022

[Signature] District Supervisor Note the above well must pass MIT after additive placement.  
Authorized Signature