

**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> |
|---|--|

|           |                                       |
|-----------|---------------------------------------|
| Form      | U7 - Casing Mechanical Integrity Test |
| Operator  | Hartman Oil Co., Inc.                 |
| Well Name | SUPERNAUGH D-7                        |
| Doc ID    | 1657426                               |

Injection Zones

| FormationName | Top  | Bottom |
|---------------|------|--------|
| ARBUCKLE      | 2612 | 2885   |
| ARBUCKLE      | 2612 | 2885   |





Graphic Controls LLC  
Russell McCue  
Foreman  
Elite

CHART NO. MC MP-6000

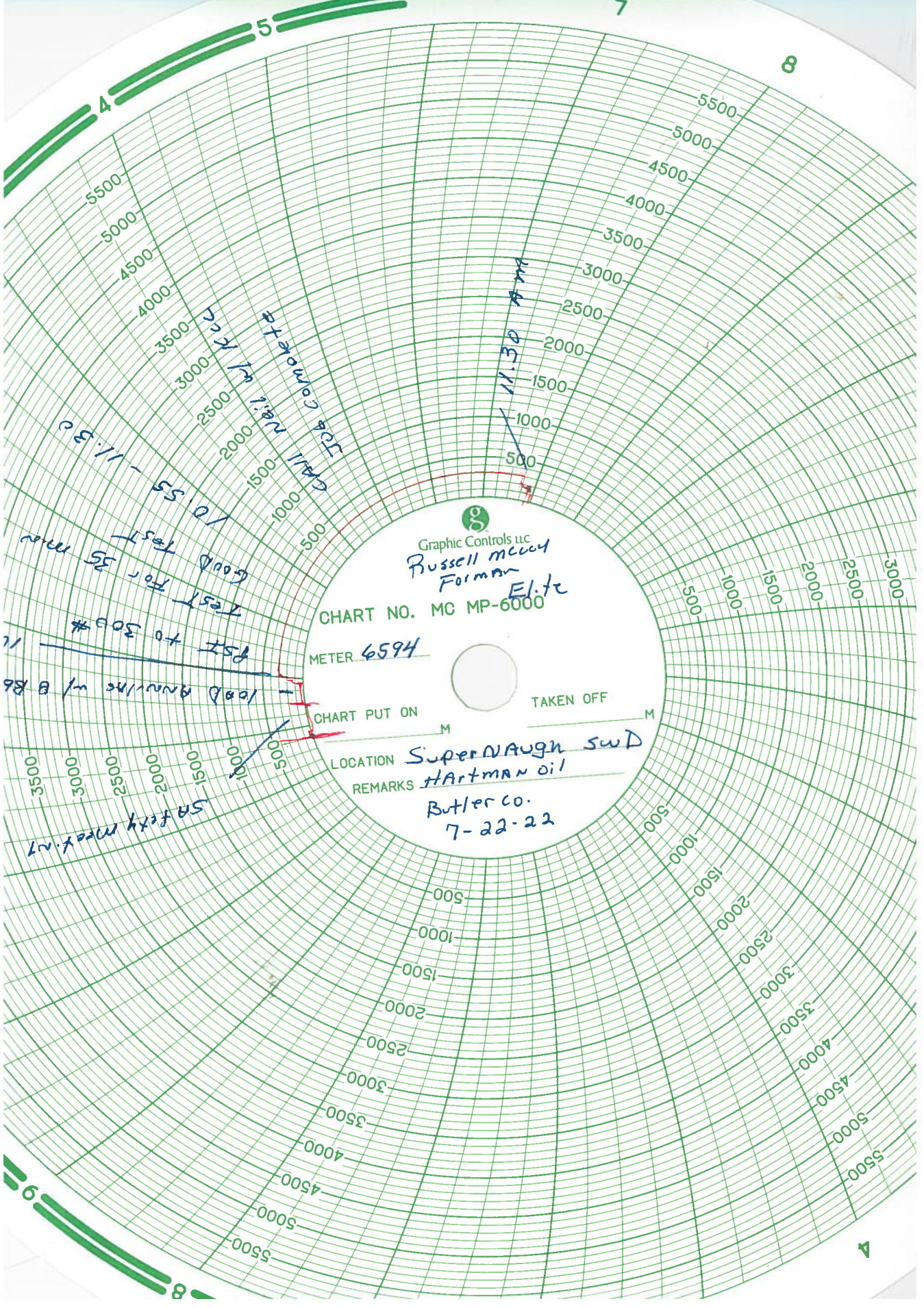
METER 6594

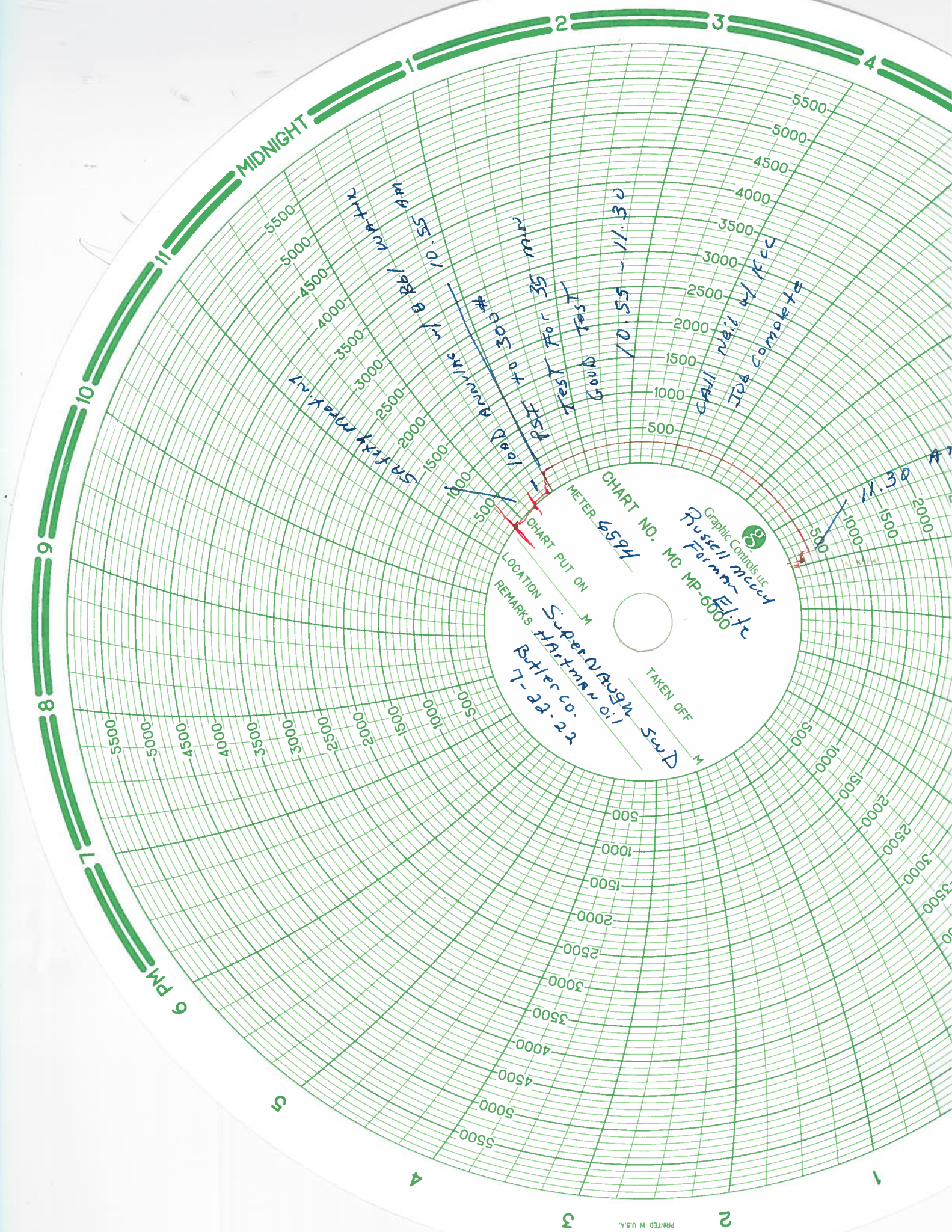
CHART PUT ON

TAKEN OFF

LOCATION Super NAUGH SWD  
REMARKS Hartman oil  
Butler co.  
7-22-22

SAFELY MEET AT  
LOAD RUNNERS W/ B BR  
PST + 300#  
TEST FOR 35 min  
Good Test  
10:55  
11:30  
CALL NER  
TGT  
# 11.30





MIDNIGHT

6 PM

8 9 10 11

2 3 4

4

3

2

1

CHART NO. 6594  
 Graphic Controls, Inc.  
 Russell Macey  
 Elite MC MP-6000  
 TAKEN OFF  
 METER PUT ON  
 LOCATION Super-Duagum  
 REMARKS Butler Co.  
 7-22-22

SPLIT METER KIT 85  
 10:55 AM  
 # 803

10:55 - 11:30  
 CALL Neil w/ KCC  
 JOB COMPLETE

11:30

TAKEN OFF

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