

**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>KCC Office Use Only</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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2 D2717

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION APPLICATION FOR INJECTION WELL

Form U-1
July 2014
Form must be Typed
Form must be Signed
All blanks must be Filled

Disposal

Enhanced Recovery: Repressuring
 Waterflood
 Tertiary

Date: 6/14/17

Operator License Number: 33594

Operator: Quito Inc.

Address: 1613W 6th ST

Bartlesville, OK 74003-3712

Contact Person: Mark W. McCann

Phone: (918) 798-4365

Email: mccancompanies@yahoo.com

Permit Number: D-20,905

API Number: 15-049-21,359

Well Location

Sec. 18 Twp. 31 S. R. 13 E W
990 feet from N / S Line of Section
990 feet from E / W Line of Section

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

Lease Description: E/2 SW/4 NE/4 and SE4 NE 1/4, N/2 SE/4
SW/4 and NE/4 SE/4 and E/2 NW/4 SE/4

Lease Name: Royce Well Number: 2

Field Name: Oak Valley

County: Elk

Deepest Usable Water

Formation: _____

Depth to Bottom of Formation: _____

Check One: Old Well Being Converted Newly Drilled Well Well to be Drilled

Surface Elevation: _____ feet Well Total Depth: _____ feet Plug Back Depth: _____ feet

Datum of top of injection formation: _____ feet (reference mean sea level)

Injection Formation Description:

Name	top / bottom	perf / open hole	depth
Arbuckle	1814 / 1895	Open Hole	at 1814 to 1815 feet

List of Wells/Facilities Supplying Produced Saltwater or Other Fluids Approved by the Conservation Division: (attach additional sheets if necessary)

Lease Operator	Lease/Facility Name	Lease/Facility Description	Well ID & Spot Location
1. Quito Inc.	Royce-Ross		
2. Quito Inc.	Mann		
3. Quito Inc.	Finley		

Producing Formation	Strata Depth	Total Dissolved Solids (if available)
1. Layton	529 to 564 1/2 feet	_____ mg/l
2. Layton	529 to 564 1/2 feet	_____ mg/l
3. Layton	529 to 564 1/2 feet	_____ mg/l

Maximum Requested Liquid Injection Rate: 500 bbls / day; or

Maximum Requested Gas Injection Rate: _____ scf / day. Type of Gas: _____

Maximum Requested Injection Pressure: 500 psig

Well Completion

Type: Tubing & Packer Packerless Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size		7"		4 1/2	2 7/8
Setting Depth		160'		1830	1800'
Amount of Cement		30 sx		200sx	
Top of Cement		Surface		Surface	Surface
Bottom of Cement		160'		1830'	1800'

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at _____ feet, cemented to _____ feet with _____ sx.

Tubing: Type _____ Grade _____

Packer: Type _____ Depth _____

Annulus Corrosion Inhibitor: Type _____ Concentration _____

List Logs Enclosed: _____

Well Sketch

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)

