

**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: (____) _____

KCC Office Use Only

The results were:

☐ Satisfactory

☐ Not Satisfactory

Next MIT: _____

State Agent: _____ Title: _____ Witness: ☐ Yes ☐ No

Remarks: _____

**KANSAS CORPORATION
COMMISSION**

130 S. Market
Rm 2078
Wichita, KS 67226
Fax 316-337-6211

☒ District #1 210 E Frontview Ste A Dodge City KS 67801 620-225-8888 FAX 620-225-3085
☐ District #2 3450 N Rock Road Bldg 600 Ste 601 Wichita KS 67226 316-630-4000 FAX 316-336-4005
☐ District #3 1800 W. 7th Chanute KS 66720 620-432-2300 FAX 620-432-2309
☐ District #4 2301 E. 13th Hays KS 67601 785-225-0550 FAX 785-325-0554
Check Appropriate District Office

15-191-10284-00-01
E-03396.15

Annular Additive Design Request

Company Name: Berexco LLC Request Date: 3/13/2023
Address: 2020 N. Bramblewood City/State/Zip: Wichita, KS 67206
Phone #: 316-772-2971 Fax #: 316-691-4722
Contact Person: Kameron Wilson title: Foreman
Well Name: Wellington Unit #111-I API #: 15-191-10284-00-01
Location: FSL 2899', FEL 2977', Qtr-Qtr-Qtr SE SE NW UIC Docket E 03396.15
Section 5, Township 32S Range 1W County: Sumner
Date of Failed MIT: 12/15/22 Reason for Failure: Slow pressure bleed
Location (depth) and Type of Leak: TBN
Method used to determine leak location: Will set pkr & pressure annulus until isolated
MIT failure bleed off rate from 320 psi to 290 psi in 30 minutes.
Cemented intervals in well: Surface 353'-0', Prod 369'-2006' (C/L)
Top and Bottom Depth of Fresh and Useable Ground Water: 6' 230' Formation name: Sumner Group
Name of Additive to be used: WSO-41

Describe the well construction, Size Production casing 7" Tubing size and Packer setting depth 2 3/8" 3556'

Describe the Method of Additive Placement and Expected Quantity used: 120 gal. Will locate leak, then run packer to bottom, spot polymer across leak, set packer and displace polymer into leak until MIT obtained

Expected Date to begin Procedure: 3/20/23

Schedule MIT with District Office

District Supervisor Approval for Additive Use.

Berexco, LLC

Is hereby approved to use the above named additive to restore Mechanical

Integrity in the Wellington Unit #111 I well on this day 03 / 14 / 2023.

[Signature] District Supervisor
authorized signature

Note the above well must pass MI after additive placement.