

Conservation Division  
District Office No. 3  
137 E. 21st Street  
Chanute, KS 66720



Phone: 620-902-6450  
<http://kcc.ks.gov/>

Susan K. Duffy, Chair  
Dwight D. Keen, Commissioner  
Andrew J. French, Commissioner

Laura Kelly, Governor

3/9/2023

Sunswept Operating LLC., KLN #35847  
Allen Byrd  
11609 Greenwick Dr.  
Oklahoma City, OK 73162-3202

RE: MIT Clerical Error  
KOLAR Document ID#1683032  
API#15-073-22908-00-00, Permit: #E-22,505.3  
Well Name: Fred Curry #6

Dear Operator:

This letter is in regards to a clerical error that has occurred on an MIT that submitted for the above referenced well. The MIT contained the following incorrect information for the well.

**X** Date of MIT tested: **Date tested shown on U-7 form: 2/7/2022. Should have been 2/7/2023.**

**X** Next Due Date: **Next due date shown on U-7 form: 2/6/2027. Should have been 2/6/2028.**

Other:

Please find a corrected MIT enclosed for your records.

Please contact your local District Office at 620-902-6452 if you have any questions or concerns.

Thanks,

**Duane A. Sims**

District #3 UIC Coordinator

Office: 620-902-6452 | Cell:620-212-3029

[d.sims@kcc.ks.gov](mailto:d.sims@kcc.ks.gov)

**CORRECITON**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CORRECTION** Form U-7  
August 2019

**CASING MECHANICAL INTEGRITY TEST**

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

	Conductor	Surface	Intermediate	Production	Liner	Tubing
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: 02/07/2023 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: <u>02/06/2028</u></p>	State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Remarks: _____
	_____
	_____