

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

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 8908

| | | | | | | | | | | | | | | | |
|------|-------|------|----|------|----|-------|----|--------|-------|-------|----|-------------|--|--------|--|
| Date | 1-30- | Sec. | 32 | Twp. | 12 | Range | 17 | County | Ellis | State | KS | On Location | | Finish | |
|------|-------|------|----|------|----|-------|----|--------|-------|-------|----|-------------|--|--------|--|

Location Catharine 20 N W.N

Lease ANN STAAB SWD Well No. 1

Contractor White Knight To: Quality Oilwell Cementing, Inc.

Type Job Long Strings You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 7 7/8 T.D. 3865 Charge To: DHP Investments Ltd.

Csg. 5 1/2 Depth 3865 Street 212 OLD GRANDE BLVD ^{ste}

Tbg. Size _____ Depth _____ City Tyler State Texas 75703-42

Tool _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 38" Shoe Joint 38" Cement Amount Ordered 450 80/20 QMDC

Meas Line _____ Displace 854 1/2" #170 seq

EQUIPMENT

Pumptrk No. 17 Cementer Bill Common

Bulktrk No. _____ Helper _____ Poz. Mix

Bulktrk No. _____ Driver NICK Gel

Bulktrk No. _____ Driver ROSS Calcium

JOB SERVICES & REMARKS

Remarks: _____ Halls

Rat Hole 30 in Salt

Mouse Hole _____ Flowseal

Centralizers _____ Kol-Seal

Baskets _____ Mud CLR 48

DN or Port Collar _____ CFL-117 or CD110 CAF 38

_____ Sand

_____ Handling

_____ Mileage

FLOAT EQUIPMENT

_____ Guide Shoe

_____ Centralizer 3

_____ Baskets 3

_____ AFU Inserts

_____ Float Shoe

_____ Latch Down 1

_____ Pumptrk Charge

_____ Mileage

_____ Tax

_____ Discount

_____ Total Charge

X Signature [Signature]
