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## Kansas Corporation Commission Oil & Gas Conservation Division

Form U-7 August 2019

## **CASING MECHANICAL INTEGRITY TEST**

Disposal: Enhanced Recovery: KCC District No.:			API No.: Permit No.:			
Operator License No.:	 Name:		Se	c Twp	S. R	East West
Address 1:				Feet from	North / Sout	h Line of Section
Address 2:				Feet from	East / Wes	t Line of Section
City:	State: Zip:	+	Lease:		Wel	No.:
Contact Person:	·		County:			
Well Construction Details:	New well Fxistin	g well with changes to cons	struction	Il with no change	es to construcion	
Maximum Authorized Injecti				· ·		
Condi		Intermediate	Production	Liner		Tubing
Size:					Size:	
Set at:					Set at:	
Sacks of Cement:					Type:	
Cement Top:						
Cement Bottom:						
DV Tool Port Coll	ar Depth of:	feet with sac	ks of cement TD (and p	lug back):		feet depth
Zone of Injection Formation	on:	Top Feet:	Bottom Fee	t:	Perf. or Open Hol	e:
s there a Chemical Sealant	or a Mechanical Casing pa	atch in the annular space?	Yes No			
	NAD27 NAD83		Long: MIT Reas	200:	Date Acquired:	
MIT Type:			Will Reas	SOII		
Time in Minute(s):	<del></del>	<del></del>				
Pressures: Set up 1						
Set up 2						
Set up 3						
Tested: Casing	or Casing - Tubing Annu	ulus System Pressure o	luring test:	Bbl	s. to load annulus:	
Test Date:	Using: _				Con	npany's Equipment
The zone tested for this well	is between fe	eet and feet.				
The test results were verified	l by operator's representativ	/e:				
Name:		Title:		Phone:	()	
KCC Office Use Only	State Agent:	•	Title:		Witness:	Yes No
The results were:	Remarks:					
Satisfactory						
Not Satisfactory						
Next MIT:						
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