

**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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FAILED MECHANICAL INTEGRITY TEST (MIT)
DEADLINE FOR COMPLIANCE

07/06/2023

LICENSE 33192
Crown Energy Company
1117 N.W. 24TH ST.
OKLAHOMA CITY, OK 73106-5615

Re: API No. 15-015-20079-00-00
Permit No. D21683.0
LOVE 2
20-28S-4E
Butler County, KS

Operator:

On 07/06/2023, the referenced well failed a mechanical integrity test. Under K.A.R. 82-3-407(c), you have 90 days to:

- 1) repair and retest the well to show mechanical integrity,
- 2) plug the well, or
- 3) isolate all leaks to demonstrate the well does not pose a threat to fresh or usable water or endanger correlative rights.

The well must be shut-in and disconnected until it complies with K.A.R. 82-3-407(c).

Failure to comply with K.A.R. 82-3-407(c)
by 08/13/2023
shall be punishable by a \$1, 000 penalty.

Please contact this office as soon as possible to let us know your plans for this well.

Sincerely,

Virgil Clothier
KCC District #2

**KANSAS CORPORATION
COMMISSION**

266 N. Main St.
Suite 220
Wichita, KS 67202
Fax 316-337-6211

District #1, 210 E Frontview, Ste A, Dodge City KS 67801 620-682-7933
 District #2 3450 N. Rock Rd. #601, Wichita, KS 67226 316-337-7400
 District #3, 137 E 21st St., Chanute KS 66720 620-902-6450
 District #4, 2301 E. 13th Hays KS 67601 785-261-6250
Check Appropriate District Office

Annular Additive Design Request

Company Name: Crown Energy License #: 33192
Address: 1117 NW 24th st
City/State/Zip: OKC, OK 73106
Phone #: 316-208-7590 Email: sonomare@outlook.com
Contact Person: Dan Flowers Title: Agent
Well Name: Love #2 API #: 15-015-20079
Location: FSL 668 ' FEL 2144 ' Qtr-Qtr-Qtr NW-SW-SE UIC Docket D21683.0
Section 20 Township 28 Range 4E E / W County: Butler
Date of Failed MIT: 5/25/23 Reason for Failure: Well did not hold pressure
Location (depth) and Type of Leak: 1413' to 1718' casing leak
Method used to determine leak location: Plug and packer
MIT failure bleed off rate from 150 psi to 0 psi in 15 minutes.
Cemented intervals in well: 1600'-2595' cement on 7" production casing
Top & bottom of Fresh and Useable Ground Water: _____ Formation Name: Arbuckle
Name of Additive to be used: Pri-stim WSO-41
Well construction: Production casing size: 7" Tubing size & packer depth: 2 7/8", 2392
Describe the Method of Additive Placement and Expected Quantity to be used: _____
Displace 3000 gallons WSO-41 additive down backside to 100' above the hole.

Today's date: 6 / 23 / 23 Expected Date to begin Procedure: 6 / 27 / 23

District Supervisor Approval for Additive Use.

Crown Energy is hereby approved to use the above named additive to restore Mechanical Integrity in the Love #2 well on this day 6/13/2023

[Signature] District Supervisor Note the above well must pass MIT after additive placement.
Authorized Signature