

**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><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: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form U-7  
August 2016

CASING MECHANICAL INTEGRITY TEST

Disposal:  Enhanced Recovery:  KCC District No.: 2  
Operator License No.: 32693 Name: HAWKINS OIL LLC  
Address 1: 427 S. BOSTON AVE. STE. 915  
Address 2: \_\_\_\_\_  
City: TULSA State: OK Zip: 74103 + 4114  
Contact Person: DAN FLOWERS Phone: (918) 382-7743

API No.: 15-015-24190-00-00 Permit No.: \_\_\_\_\_  
N2SW NE SW Sec. 20 Twp. 28 S. R. 4  East  West  
1650 Feet from  North /  South Line of Section  
1400 Feet from  East /  West Line of Section  
Lease: J.W. SMITH Well No.: 5B  
County: BUTLER

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:	<u>NA</u>	<u>8 5/8</u>	<u>NA</u>	<u>5 1/2</u>	<u>NA</u>	Size:	<u>2 3/8</u>
Set at:		<u>209</u>		<u>2550</u>		Set at:	<u>2525</u>
Sacks of Cement:				<u>150</u>		Type:	<u>STEEL</u>
Cement Top:		<u>0</u>		<u>1500</u>			
Cement Bottom:		<u>209</u>		<u>2550</u>			
Packer Type:	<u>A0-1</u>				Set at:	<u>2525</u>	

DV Tool  Port Collar Depth of: \_\_\_\_\_ feet with \_\_\_\_\_ sacks of cement TD (and plug back): \_\_\_\_\_ feet depth

Zone of Injection Formation: ARBUCKLE Top Feet: 2550 Bottom Feet: 2939 Perf. of 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: 37.59668 Long: 97.02168 Date Acquired: 3-28-2023

Type MIT: TUBING - CASING MIT Reason: MONITORING WELL

Time in Minute(s): 10 20 30 \_\_\_\_\_

Pressures: Set up 1 325 325 325 \_\_\_\_\_

Set up 2 \_\_\_\_\_

Set up 3 \_\_\_\_\_

Tested:  Casing  or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 2

Test Date: 3-28-2023 Using: MAXI OZE PROD. SERVICES Company's Equipment

The zone tested for this well is between 0 feet and 2525 feet.

The test results were verified by operator's representative:

Name: X [Signature] Title: AJ SERVICE / REG OPERATOR 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: _____</p>	<p>State Agent: <u>NEAL RUPP / Neal Rupp</u> Title: <u>ECRS</u> Witness: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Remarks: <u>LOADED ANNULUS WITH WATER. PRESSURE WITH FLUID</u></p>