

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
Conductor Surface Intermediate Production Liner Tubing
Size: Set at: Sacks of Cement: 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: ()

KCC Office Use Only
The results were:
[] Satisfactory
[] Not Satisfactory
Next MIT:
State Agent: Title: Witness: [] Yes [] No
Remarks: