

**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: (\_\_\_\_) \_\_\_\_\_

**KCC Office Use Only**

The results were:

☐ Satisfactory

☐ Not Satisfactory

Next MIT: \_\_\_\_\_

State Agent: \_\_\_\_\_ Title: \_\_\_\_\_ Witness: ☐ Yes ☐ No

Remarks: \_\_\_\_\_

|           |                                       |
|-----------|---------------------------------------|
| Form      | U7 - Casing Mechanical Integrity Test |
| Operator  | Excalibur Production Company, Inc.    |
| Well Name | SEEDLE OWWO 9                         |
| Doc ID    | 1730142                               |

#### Injection Zones

| FormationName | Top  | Bottom |
|---------------|------|--------|
| ARBUCKLE      | 3891 | 4290   |
| ARBUCKLE      |      |        |