

**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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KLIMA WELL SERVICE, INC.

P.O. BOX 386 • CLAFLIN, KANSAS 67525 • PHONE (620) 587-3333

TALLY SHEET

DATE 11-3-2023

Don Simms oil - Dale Johnson

To	Well No.	From	Well No.	Size	Kind	Type	Thread	Condition	Threads
	#1			2 3/8"	seal'tite"		8cd	used	<input checked="" type="checkbox"/> Off <input type="checkbox"/> On

	1		2		3		4		5		6		7	
	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th	Feet	100th
1	31	88	31	56	32	40	31	72	31	30				
2	31	54	30	52	29	40	31	32	29	99				
3	31	15	29	20	31	55	31	69	32	28 +				
4	32	38	30	83	30	70	31	87	30	57				
5	31	61	33	48	31	20	32	28 ✓	30	45				
6	31	42	31	35	36	85	32	24						
7	31	46	32	28	33	44	32	57						
8	31	70	33	48	29	20	30	55						
9	29	20	31	37	29	90	31	30						
10	31	57	32	25	31	70	31	76						
11	31	24	31	17	30	21	29	67						
12	32	30	31	67	32	30	30	39						
13	32	35	33	38	32	34	31	54						
14	31	65	32	40	31	02	30	88						
15	32	65	32	33	32	20	32	20						
16	31	-	32	43	32	30	31	69						
17	29	83	31	32	30	92	31	74						
18	33	38	29	37	31	24	32	30						
19	31	37	31	85	29	28	30	15						
20	33	40	31	72	31	47	31	50						
21	33	23	31	24	32	30	31	29						
22	32	25	29	80	31	20	31	68						
23	30	15	31	61	31	-	30	83						
24	31	05	31	23	31	14	32	05						
25	31	18	32	28	31	22	30	84						
Total	790.	94	1581.	10	2361	58	3147.	13	155.	09				

	2	790.	12	Total Tally Less: Mud Anchor Barrell Seating Nipple Tubing Anchor Packer Pup Joint AD-1 Conted 103xjt Total Tubing Run	Size	Joints	Feet	100th			
	3	780.	48		Threads Off Tally	3243.00 ft					
	4	785.	55		Add: Threads						
	5				Threads On Tally						
	6				Packer/Tubing Anchor						
	7										
	8										
Total Tally					Mfg.	Type	Casing Size	Tubing Size			

Tallied By _____

Approved by _____