KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☑ Enhanced Recovery: ☐ KCC District No.: 2

Operator License No.: 5920 Name: Bandy, Terry P. dba Te-Pe Oil & Gas

Address 1: PO BOX 522

Address 2:

City: CANTON State: KS Zip: 67428 + 0522

Contact Person: TERRY BANDY Phone: (620) 628-4428

API No.: 15-159-21210-00-01 Permit No.: D24871.0

__ - NW - NE - SW Sec. 16 Twp. 19 S. R. 9 ☐ East ☑ West

2309 Feet from ☐ North / ☑ South Line of Section

3661 Feet from ☑ East / ☐ West Line of Section

Lease: T SHERMAN Well No.: 10

County: Rice

Well Construction Details: ☐ New well ☐ Existing well with changes to construction ☑ Existing well with no changes to construcion

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 5000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*
Size:	NA	8.625	NA	5.5	NA
Set at:		259		3296	
Sacks of Cement:		200		200	
Cement Top:		0		2000	
Cement Bottom:		259		3296	

Tubing
Size: 2.875
Set at: 3280
Type: Duo-Line

Packer Type: Tension Set at: 3280

☐ DV Tool ☐ Port Collar Depth of: ___ feet with ___ sacks of cement TD (and plug back): 3750 (3750) feet depth

Zone of Injection Formation: ARBUCKLE Top Feet: 3296 Bottom Feet: 3750 Perf. or Open Hole: Open

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: 38.39761 Long: -98.32552 Date Acquired: 12/14/2023

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 5-YEAR TEST

Time in Minute(s):	0	10	20	30		
Pressures: Set up 1	320	320	320	320		
Set up 2						
Set up 3						

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

Test Date: 12/14/2023 Using: Brackeen Line Cleaning, Inc. Company's Equipment

The zone tested for this well is between 0 feet and 3280 feet.

The test results were verified by operator's representative:

Name: Luke Koehn Title: Production Forman Phone: (620) 755-3089

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 12/12/2028

State Agent: Keith Karlin Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks:

Treated fluid in annulus.