

**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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Form	U7 - Casing Mechanical Integrity Test
Operator	Lachenmayr Oil LLC
Well Name	DEFOREST B 5
Doc ID	1739135

Injection Zones

FormationName	Top	Bottom
VIOLA	2419	
VIOLA	2419	

**KANSAS CORPORATION
COMMISSION**

266 N. Main St.
Suite 220
Wichita, KS 67202
Fax 316-337-6211

District #1, 210 E Frontview, Ste A, Dodge City KS 67801 620-682-7933
 District #2 3450 N. Rock Rd. #601, Wichita, KS 67226 316-337-7400
 District #3, 137 E 21st St., Chanute KS 66720 620-902-8450
 District #4, 2301 E. 13th Hays KS 67601 785-261-6250
Check Appropriate District Office

Annular Additive Design Request

Company Name: Lachenmayr Oil LLC License #: 6804
Address: P.O. Box 526
City/State/Zip: Newton KS.
Phone #: 316 284 1991 Email: lachenmayr@cox.net
Contact Person: John Lachenmayr Title: Manager
Well Name: Deforest B #5 API # 15-115-20764
Location: FSL 5098 FEL 3316 Qtr-Qtr-Qtr NE NW NE NW UIC Docket D20532.0
Section 28 Township 21 Range 4 E E/W County: Marion
Date of Failed MIT: 8/21/2023 Reason for Failure: Holes in the tubing
Location (depth) and Type of Leak: 120-180 feet. holes in 2 joints the 4th and 5th
Method used to determine leak location: Pulled Tubing
MIT failure bleed off rate from 0 psi to 0 psi in 0 minutes.
Cemented intervals in well: 2384 -806' Squeezed holes 1435-1522 10/24/23
Top & bottom of Fresh and Useable Ground Water: 20-80 Formation Name: Viola
Name of Additive to be used: WSO 41
Well construction: Production casing size: 5.5 Tubing size & packer depth: 3" 2 joints of 2 7/8 and a 2 7/8 X 5 1/2 packer

Describe the Method of Additive Placement and Expected Quantity to be used: _____

We used 500 gallons of WSO41 from Pro Stim. Pumped into the well with the packer unset. Got the product within 100 feet of packer and set the packer. Pumped rest of product and pressure to 350# let set for 30 minutes and pressured back up. called it a day

Today's date: 11 / 29 / 2023 Expected Date to begin Procedure: 11 / 22 / 2023

District Supervisor Approval for Additive Use.

LACHENMAYR OIL LLC is hereby approved to use the above named additive to restore Mechanical Integrity in the DEFORREST B #5 well on this day 11 / 29 / 2023

[Signature] District Supervisor Note the above well must pass MIT after additive placement.
Authorized Signature