

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST

Form U-7
August 2019

Disposal: ☐ Enhanced Recovery: ☒ KCC District No.: 3
 Operator License No.: 30304 Name: Taylor, Michael dba M. J. T. Enterprises
 Address 1: 37411 JOHN BROWN HWY
 Address 2: _____
 City: OSAWATOMIE State: KS Zip: 66064 + 5254
 Contact Person: Phillip Frick Phone: (913) 755-4265

API No.: 15-121-31778-00-00 Permit No.: E22110.7
 SW - NW - SW - NW Sec. 31 Twp. 16 S. R. 22 ☒ East ☐ West
 _____ 3535 _____ Feet from ☐ North / ☒ South Line of Section
 _____ 60 _____ Feet from ☐ East / ☒ West Line of Section
 Lease: BEETS Well No.: WW4-I
 County: Miami

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:	<u>NA</u>	<u>7</u>	<u>NA</u>	<u>2.875</u>	<u>NA</u>	<u>NA</u>
Set at:		<u>23</u>		<u>718</u>		
Sacks of Cement:		<u>6</u>		<u>70</u>		
Cement Top:		<u>0</u>		<u>0</u>		
Cement Bottom:		<u>23</u>		<u>718</u>		

Packer Type: NA Set at: _____
☐ DV Tool ☐ Port Collar Depth of: _____ feet with _____ sacks of cement TD (and plug back): 727 (718) feet depth
Zone of Injection Formation: SQUIRREL SAND Top Feet: 685 Bottom Feet: 694 Perf. or Open Hole: Perf

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: 38.617614 Long: -095.028119 Date Acquired: 08/29/2023
 MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: INITIAL TEST

Time in Minute(s):	<u>10</u>	<u>20</u>	<u>30</u>			
Pressures: Set up 1	<u>800</u>	<u>800</u>	<u>800</u>			
Set up 2						
Set up 3						

Tested: ☒ Casing ☐ or Casing - Tubing Annulus System Pressure during test: _____ Bbls. to load annulus: _____
 Test Date: 08/29/2023 Using: Hurricane Services Company's Equipment _____
 The zone tested for this well is between 0 feet and 718 feet.
 The test results were verified by operator's representative:
 Name: Mike Taylor Title: Owner Phone: (913) 244-5032

KCC Office Use Only

The results were:

- ☒ Satisfactory
☐ Not Satisfactory

Next MIT: 08/27/2028

State Agent: Keith Carswell Title: E.C.R.S. Witness: ☒ Yes ☐ No

Remarks: New well test. Well was tested before well was perforated. All information came off ACO1 (RBDMS). RBDMS footages Updated NW SW NW 3536 FSL 4798 FEL