

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

Table with columns for Conductor, Surface, Intermediate, Production, Liner, and Tubing. Rows include Size, Set at, Sacks of Cement, Cement Top, and 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: _____