

**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> |
|---|--|

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-12,118

Disposal Well Enhanced Recovery:

Repressuring
 Flood
 Tertiary

GPS E/2 NW/4 SE, Sec 16, T 10 S, R 16 E

2255 2247 Feet from South Section Line
668 723 Feet from East Section Line

Date injection started _____
 API #15- 163 - 19104 - 0001

Lease Post Conger Well # 1
 County Rooks

Operator: The Bill Bowman Oil Co.
 Name & Address 2640 W Road
Natoma, Ks. 67651

Operator License # 33263
 Contact Person Bill Bowman
 Phone (785)-885-4830

KCC
 JUN 01 2019
 HAYS, KS

Max. Auth. Injection Press. 0 Psi; Max Inj. Rate 400 bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

| Size | Conductor | Surface | Production | Liner | Size | Tubing |
|------------|-----------|--------------|--------------|--------------|--------|-----------------|
| Set at | | <u>8 5/8</u> | <u>5 1/2</u> | <u>4 1/2</u> | Set at | <u>2 3/8</u> |
| Cement Top | | <u>279</u> | <u>1249</u> | <u>819</u> | Type | <u>815</u> |
| " Bottom | | <u>Surf.</u> | | <u>Surf.</u> | | <u>Sealtite</u> |
| | | <u>279</u> | <u>1249</u> | <u>819</u> | | |

DV/Perf. 4 1/2 ran 10-5-10 witnessed by RW TD (and plug back) 1000 ft. depth
 Packer type AD-1 Sealtite Size 4 1/2 x 2 3/8 Set at 815
 Zone of injection 840 ft. to ft. 940 or open hole Perforated

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

Time: Start 0 Min. 15 Min. 30 Min.

I
E Pressures: 340# 340# 340# Set up 1 | System Pres. during test -
 L | Set up 2 | Annular Pres. during test 340#
 D | Set up 3 | Fluid loss during test - bbls.

A
T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with Packer

Test Date 6-26-19 Using Company Pressure Truck Company's Equipment

The operator hereby certifies that the zone between 0 feet and 815 feet

was the zone tested Donald A. Bowman Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent: Pat Bidore Title: E.C.R.S. Witness: YES NO
 REMARKS: Ran new string of sealtite

KCC Origin. Conservation Div.: KDHE/T: Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N) N

GPS Lat 39.18263°N GPS Long 099.10639

(If YES please describe in REMARKS)