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Kansas Corporation Commission Oil & Gas Conservation Division

Form U-7 August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: Enhanced Recovery: KCC District No.:	API No.:	Permit No.:
Operator License No.: Name:	s	ec Twp S. R
Address 1:		Feet from North / South Line of Section
Address 2:		Feet from East / West Line of Section
City: State: Zip: +	Lease:	Well No.:
Contact Person: Phone: ()		
Well Construction Details: New well Existing well with chang	es to construction Fyisting w	rell with no changes to construcion
	imum Injection Rate:	
,	nediate Production	Liner Tubing
	rioduction rioduction	•
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 de
Zone of Injection Formation: Top Fee	t: Bottom Fe	eet: Perf. or Open Hole:
Is there a Chemical Sealant or a Mechanical Casing patch in the annula	r space? Yes No	
GPS Location: Datum: NAD27 NAD83 WGS84 L	FIELD DATA _at: Long:	Date Acquired:
MIT Type:	MIT Rea	ason:
Time in Minute(s):		
Pressures: Set up 1		
Set up 2		
Set up 3		
Tested: Casing or Casing - Tubing Annulus System F	Pressure during test:	Bbls. to load annulus:
Test Date: Using:		Company's Equipme
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 State Agent:	Title:	Witness: Yes N
The results were: Remarks:		
Satisfactory		
Not Satisfactory		
Next MIT:		
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