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

Disposal: Enhanced Recovery: KCC District No.	:	API No.:		Permit No.:	
Operator License No.: Name:			Sec Twp	S. R Ea	ist West
Address 1:			Feet from	North / South Lir	ne of Section
Address 2:			Feet from	East / West Lir	ne of Section
City: State: Zip:	+	Lease:		Well No.:	
Contact Person: Phone: ()	County:			
Well Construction Details: New well Existing well	l with changes to cons	ruction Existing	g well with no change	es to construcion	
Maximum Authorized Injection Pressure:	psi Maximum Injec	tion Rate:	bbl/d		
Conductor Surface	Intermediate	Production	Liner		Tubing
Size:				Size:	
Set at:				Set at:	
Sacks of Cement:				Type:	
Cement Top:					
Cement Bottom					
Packer Type:			Set at:		
DV Tool Port Collar Depth of:	et with sack	s of cement TD (ar	nd plug back):		feet denth
Zone of Injection Formation:	Top Foot:	Bottom	East:	Porf or Open Hele:	
			reet		
GPS Location: Datum: NAD27 NAD83	WGS84 Lat:	Long:		Date Acquired:	
МІТ Туре:			Reason:		
Time in Minute(s):	<u> </u>				
Pressures: Set up 1					
Set up 2	<u> </u>				
Set up 3	<u> </u>				
Tested: Casing or Casing - Tubing Annulus	System Pressure du	uring test:	Bbls	s. to load annulus:	
Test Date: Using:				Company	/'s Equipment
The zone tested for this well is between feet an	id feet.				
The test results were verified by operator's representative:					
Name:	Title:		Phone:	()	
KCC Office Use Only State Agent:		Title:		Witness:	Yes 🗌 No
The results were: Remarks:					
Satisfactory					
Not Satisfactory					
Next MIT:					

Form U-7 August 2019