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

Form U-7 August 2019

Disposal: Enhanced Recovery: KCC District No.:			API No.: Permit No.:			
Operator License No.:	Name:		Sec.	Twp	S. R Ea	st 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:	Pho	ne: ()	County:			
Well Construction Details:	New well Existing	g well with changes to con	struction Existing well	with no change	es to construcion	
Maximum Authorized Injecti	on Pressure:	psi Maximum Inje	ection Rate:	bbl/d		
Condu	uctor Surface	Intermediate	Production	Liner		Tubing
Size:					Size:	
Set at:					Set at:	
Sacks of Cement:					Туре:	
Cement Top:						
Cement Bottom:						
Packer Type:				Set at:		
DV Tool Port Colla	ar Depth of:	feet with sa	cks of cement TD (and plu	ug back):		feet depth
Zone of Injection Formatic	on:	Top Feet:	Bottom Feet:	:	Perf. or Open Hole:	
Is there a Chemical Sealant	or a Mechanical Casing pa	tch in the annular space?	Yes No			
GPS Location: Datum:	NAD27 NAD83	WGS84 Lat:	Long:		Date Acquired:	
MIT Type:						
Time in Minute(s):						
Pressures: Set up 1						
Set up 2						
Set up 3						
Tested: Casing	or Casing - Tubing Annu	ulus System Pressure	during test:	Bbl:	s. to load annulus:	
Test Date: Using:					Company	/'s Equipment
The zone tested for this well	is between fe	et and feet				
The test results were verified	l by operator's representativ	/e:				
Name:		Title:		Phone:	()	
					•	
KCC Office Use Only	State Agent:		Title:		Witness:	Yes No
The results were:	Remarks:					
Satisfactory						
Not Satisfactory						
	1					
Next MIT:						
Next MIT:						
Next MIT:						