

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

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

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: _____ 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: _____

Form	U7 - Casing Mechanical Integrity Test
Operator	Trek AEC, LLC
Well Name	DEAN 2 SWD
Doc ID	1795021

Injection Zones

FormationName	Top	Bottom
CEDAR HILLS	1570	1610
CEDAR HILLS	1630	1690



Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651

Andrew J. French, Chairperson
Dwight D. Keen, Commissioner
Annie Kuether, Commissioner

Phone: 785-261-6250
<http://kcc.ks.gov/>

Laura Kelly, Governor

FAILED MECHANICAL INTEGRITY TEST (MIT)
DEADLINE FOR COMPLIANCE

10/01/2024

LICENSE 5399
Trek AEC, LLC
200 W DOUGLAS, SUITE 101
WICHITA, KS 67202-3001

Re: API No. 15-063-20872-00-02
Permit No. D23786.0
DEAN 2 SWD
4-15S-29W
Gove County, KS

Operator:

On 09/27/2024, the referenced well failed a mechanical integrity test. Under K.A.R. 82-3-407(c), you have 90 days to:

- 1) repair and retest the well to show mechanical integrity,
- 2) plug the well, or
- 3) isolate all leaks to demonstrate the well does not pose a threat to fresh or usable water or endanger correlative rights.

The well must be shut-in and disconnected until it complies with K.A.R. 82-3-407(c).

**Failure to comply with K.A.R. 82-3-407(c)
by 12/26/2024
shall be punishable by a \$1, 000 penalty.**

Please contact this office as soon as possible to let us know your plans for this well.

Sincerely,

Darrel Dipman
KCC District #4