

**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> | |
|------------------|------------------|----------------|---------------------|-------------------|--------------|---------------|
| 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: _____

FAILED MECHANICAL INTEGRITY TEST (MIT)
DEADLINE FOR COMPLIANCE

10/30/2024

LICENSE 4252
Kahan and Associates, Inc
PO BOX 700780
TULSA, OK 74170-0780

Re: API No. 15-009-03077-00-01
Permit No. E26574.6
SCHMITT 7
20-16S-11W
Barton County, KS

Operator:

On 10/25/2024, 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 01/23/2025
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