

**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>	<i>Tubing</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: (____) _____

<p>KCC Office Use Only</p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
---	--

WESSSEL OIL



COPELAND

Field Service, L.L.C.

Acid & Cement

BURRTON (620) 463-5161 • EL DORADO (316) 321-2065 • GREAT BEND (620) 793-3366
HAYS (785) 628-3220 • HAYSVILLE OFFICE (316) 524-1225

PIPE TALLY

SHEET _____ OF _____

SHIPPED FROM _____

DATE _____

CUSTOMER Beir

TRUCK CO. _____

LEASE Younger sub #13

DIRECTIONS _____

SIZE 2 3/4 WT. _____ GRADE _____ MILL _____ THREAD _____ RANGE _____

NO.	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths	FT.	Tenths
1	30	47	30	70	31	62	31	66	32	24	30	85				
2	30	58	32	62	30	75	30	97	31	82	29	42	3203	69		
3	32	47	31	78	31	64	31	80	32	13	31	18	3234	82		
4	31	67	32	44	32	43	31	74	31	86						
5	32	58	30	34	31	43	31	83	31	85						
6	29	19	31	13	32	39	32	40	31	82						
7	31	10	31	32	30	87	31	72	32	44						
8	30	98	32	44	30	48	32	34	31	82						
9	27	91	31	39	32	55	32	60	31	82						
10	30	74	31	56	30	10	31	20	31	45						
11	32	68	30	20	31	11	31	47	32	80						
12	30	23	31	25	32	46	31	82	32	81						
13	30	88	31	68	31	65	32	60	32	22						
14	29	26	30	57	29	16	32	81	31	90						
15	30	96	31	70	31	88	32	94	30	02						
16	28	72	31	36	31	60	31	61	31	54						
17	31	80	29	63	29	78	32	59	31	72						
18	31	41	31	78	26	09	31	16	31	82						
19	32	66	31	80	32	66	32	53	30	62						
20	31	07	31	76	29	92	32	80	30	85						
TOTAL	619	28	627	05	620	57	640	62	635	90						

3143.42

NO JOINTS _____ TOTAL FT. _____ TALLIED BY _____