

**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: (____) _____

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	Hazen, Ty Anthony
Well Name	MADDEN A 1
Doc ID	1819965

Injection Zones

FormationName	Top	Bottom
ARBUCKLE	3500	
ARBUCKLE	3500	

FAILED MECHANICAL INTEGRITY TEST (MIT)
DEADLINE FOR COMPLIANCE

02/18/2025

LICENSE 32555
Hazen, Ty Anthony
704 S SAINT JOHN AVE
LYONS, KS 67554-3229

Re: API No. 15-159-21485-00-01
Permit No. D23097.0
MADDEN A 1
22-20S-10W
Rice County, KS

Operator:

On 02/18/2025, 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 05/19/2025
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,

Virgil Clothier
KCC District #2