

**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>
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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.: 4
 Operator License No.: 33263 Name: The Bill Bowman Oil Co.
 Address 1: 2640 W. RD
 Address 2: _____
 City: Natoma State: Ks Zip: 67651 +
 Contact Person: Bill Bowman Phone: (785) 885-4830

API No.: 15-179-30,067-00-02 Permit No.: D-30,561
C sw sw Sec. 32 Twp. 08 S. R. 28 East West
660 Feet from North / South Line of Section
4620 Feet from East / West Line of Section
 Lease: Clark Well No.: 15-179-30,067-00-02
 County: Sheridan

Well Construction Details: New well Existing well with changes to construction Existing well with no changes to construction
 Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 1000 bbl/d

	Conductor	Surface	Intermediate	Production	Liner	Size:	Size:
Size:		<u>8.625</u>		<u>5.50</u>	<u>4.50</u>		<u>2.375</u>
Set at:		<u>187</u>		<u>2354</u>	<u>2171</u>		<u>2038</u>
Sacks of Cement:		<u>180</u>		<u>475</u>	<u>80</u>		<u>P.L.</u>
Cement Top:		<u>0</u>		<u>*</u>	<u>0</u>		
Cement Bottom:		<u>187</u>		<u>2354</u>	<u>2171</u>		

Packer Type: Arrow S.L. Set at: 2050
 DV Tool Port Collar Depth of: 2171 feet with 80 sacks of cement TD (and plug back): 4100 2171 feet depth
 Zone of Injection Formation: Cedar Hill Top Feet: 1930 2050 Bottom Feet: 2128 Perf. or Open Hole: Perfs
 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: 39.30870 Long: -100.47692 Date Acquired: 3-3-2020
 Type MIT: Tubing/packer MIT Reason: 5 year test
 Time in Minute(s): 0 15 30
 Pressures: Set up 1 340 310 270 Tighten ball valve packing
 Set up 2 310 310 310
 Set up 3 _____
 Tested: Casing or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 1 gallon
 Test Date: March 3, 2020 Using: SOS Company's Equipment _____
 The zone tested for this well is between 0 feet and 2038 feet. 2050
 The test results were verified by operator's representative:
 Name: Bill Bowman Title: _____ Phone: (____) _____

PASSED

KCC Office Use Only
 The results were:
 Satisfactory
 Not Satisfactory
 Next MIT: 5 years

State Agent: Barrel Dipman Title: ECRS Witness: Yes No
 Remarks: _____

KCC
MAR 03 2020
HAYS, KS
Bill brought in

Disclosed 10-1-19

CASING MECHANICAL INTEGRITY TEST

DOCKET# D-30,561

Disposal Well Enhanced Recovery:
Repressuring
Flood
Tertiary

C-SW-SW, Sec 32, T 8 S,R 28 E(W)

660 Feet from South Section Line
4620 Feet from East Section Line

Date injection started _____
API #15- 179-30,067-00-02

Lease Clark Well # 1
County Sheridan

Operator: Castle Resources Inc.
Name & Address P.O. Box 87
Schoenchen Kansas 67667

Operator License# 9860

Contact Person Jerry Green

KCC
MAR 04 2015
HAYS, KS

Phone (785)-625-5155

Max. Auth. Injection Press 0 Psi; Max Inj. Rate 1000 bbl/d;

	Conductor	Surface	Production	Liner	Size	Tubing
Set at		<u>8 5/8</u>	<u>5 1/2</u>	<u>4 1/2</u>		<u>2 3/8</u>
Cement Top		<u>187</u>	<u>2354</u>	<u>2171</u>		<u>2038</u>
Bottom		<u>SWW/180 SX</u>	<u>W/475 SX</u>			<u>P.L.</u>
DV/Perf.	<u>Liner cemented to surface</u>					
Packer type	<u>Arrow S.L.</u>					
Zone of injection	<u>C.H. 1930</u>					
		ft. to ft. <u>2128</u>			Set at <u>2038</u>	ft. depth
					Perf. or open hole <u>Perf</u>	

Type MIT: Pressure: Radioactive Tracer Survey: Temperature Survey:

F Time: Start 0 Min 15 Min 30 Min

E Pressures: 370 370 370 Set up 1 System Pres. during test 0

L 10:18 Set up 2 Annular Pres. during test 370

D Set up 3 Fluid loss during test 1-2 Gal bbls.

T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone in shut in with packer

Test Date March 4, 2015 Using SOS Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2038 feet

was the zone tested [Signature]
Signature

Title

The results were Satisfactory Marginal _____ Not Satisfactory _____

State Agent: Darrel Dipman Title: PIRT III Witness: YES PASSED

REMARKS: Fluid pressure. Top of C.H. 1922

Origin. Conservation Div.: Kcc KDHE/T: 4 Dist. Office

Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 39.30870 GPS Long -100.47691

(If YES please describe in REMARKS)
KCC Form U-7