KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☑ Enhanced Recovery: ☐ KCC District No.: 1

Operator License No.: 5474 Name: Northern Lights Oil Company, LLC

Address 1: PO BOX 164

Address 2:

City: ANDOVER State: KS Zip: 67002 + 0164

Contact Person: Robert Sutherland Phone: (316) 733-1515

API No.: 15-135-20155-00-00 Permit No.: D14641.0

__ - __ - NW - SW Sec. 10 Twp. 16 S. R. 21 ☐ East ☑ West

1973 Feet from ☐ North / ☑ South Line of Section

4470 Feet from ☑ East / ☐ West Line of Section

Lease: HARMS KENDALL Well No.: 4

County: Ness

Well Construction Details: ☐ New well ☐ Existing well with changes to construction ☑ Existing well with no changes to construcion

Maximum Authorized Injection Pressure: 100 psi Maximum Injection Rate: 1000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*
Size:	NA	8.625	NA	5.5	NA
Set at:		255		1440	
Sacks of Cement:		160		350	
Cement Top:		0		0	
Cement Bottom:		255		1440	

Tubing
Size: 2.375
Set at: 993
Type: PLASTIC LINED

Packer Type: BAKER AD-1 Set at: 993

☐ DV Tool ☐ Port Collar Depth of: ____ feet with ____ sacks of cement TD (and plug back): 4233 (1413) feet depth

Zone of Injection Formation: CEDAR HILLS Top Feet: 1090 Bottom Feet: 1298 Perf. or Open Hole: Perf

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: 38.67474 Long: -99.63811 Date Acquired: 05/11/2010

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 1-YEAR TEST

Time in Minute(s):	0	15	30			
Pressures: Set up 1	370	360	360			
Set up 2						
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: 0 Bbls. to load annulus: 0

Test Date: 05/20/2025 Using: GABLE LEASE SERVICES Company's Equipment

The zone tested for this well is between 0 feet and 993 feet.

The test results were verified by operator's representative:

Name: BRIAN GABLE Title: ROUSTABOUT Phone: (785) 731-5074

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 05/20/2026

State Agent: Mike Maier Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks: