

**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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Operator: Central Operating Inc. License# 33269 Docket# D-30686

Caption Acreage: 2 A. surrounding wellhead in sec 4 - T15S - R26W

Lease: Kuntz Field: Duffy's County Govt

WELL INFORMATION

Well Name/ #: Kuntz #1 API#: 15- 063 - 21815-0001

Location: 1456 'FSL sec line 3605 'FEL sec line SW - NE - SW SEC 4 TWP 15 S-RNG 26 E/W (W) Elev: 2356 GL/KB

Casing & Cement:	Conductor	Surface	Production	Liner	Tubing	DV / Port Coller Addn'l Cementing	Squeeze
Size	"	<u>8 5/8</u> "	<u>5 1/2</u> "	"	<u>2 3/8</u> "	Port Coller type	type
Setting Depth	'	<u>218</u> '	<u>4287</u> '	'	<u>1430</u> '	<u>1773</u> '	'
Sacks Cement	SX	<u>160</u> SX	<u>120</u> SX	SX		<u>350</u> SX	SX
Cement Top	'	<u>Surf</u> '	<u>3250</u> '	'			'
Cemented Interval	' to '	<u>218</u> ' to <u>0</u> '	<u>4287</u> ' to <u>3250</u> '	' to '		<u>1773</u> ' to <u>0</u> '	' to '
Cement Circulated	Yes / No	Yes <input checked="" type="checkbox"/> / No	Yes <input checked="" type="checkbox"/> / No	Yes / No			

Total Depth: 4302 ' PBTD: 1700 ' Annulus Fluid _____ Addn'l Protection: Yes / No

Tubing Type & Depth 2 3/8 Duolined @ _____ ' Packer Type & Depth AD-1 Tension @ 1430 '.

Injection Formation(s): Cedar Hills Source of Injected Fluid: (Formation): Mississippi

Injection Interval: 1495 to 1525 perfs/OH: _____ to _____ perfs/OH; _____ to _____ perfs/OH

MAXIMUM AUTHORIZED: Injection Rate 1000 bbl/day MAXIMUM AUTHORIZED: Injection Pressure 250 psi

LEASES SUPPLYING WATER

[Operator]	[Lease]	[Lease Description]
<u>Central Operating Inc</u>	<u>Raymond / Parsons</u>	<u>NE/4 NW/4 ; N/2 NE/4 ; SE/4 NE/4</u> <u>All in Sec 4 - 15S - 26W</u>

Technical Review:

Table I Dakota + SO Satisfied? _____ Table II Top Red Beds Satisfied? Yes

Unconsolidated Thickness: _____ Injection Zone isolated by Cement? X Y/N _____
Cement Behind Packer? X Y/N _____
Cement Verification: X Cement Tickets _____ Job Log _____ Driller's Log X Cement Bond Log _____
Completion Report _____ Other (Describe) _____

AOR: Inj. Zn protected? _____ Perform around X well or _____ project area 1320 ft radius O PA O PROD
Date MIT Approved: 10/28/10 Aff. of Publ.: 8/11/10 Aff. of Notice: 8/2/10

Comments: _____
Approval Recommended: Technical Tony Dail Date: 11/17/10
UIC Director Alan Lick Date: 11/17/10

Pressure at PFS w/ Hole Full Water

BHP @ PFS W/ HFW = $0.433 \times \text{SpG } 1.05 \times (\text{Depth of PFS } 1370)$
= 622 BHP @ PFS W/ Hole Full Water

Parting Press = Depth to 'PFs x 0. _____ FG psi/ft

PP = 1370 ' (PFS) x 0. 75 FG

Parting Press = 1027 psi/ft

Max. Surf Inj. Press = PP - BHP W/HFW psi

MSIP = 405 psi (estimated)

Water Well Listing Attached Y / N

RBDMS well table list Attached N