

**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

	Conductor	Surface	Intermediate	Production	Liner	Tubing
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: \_\_\_\_\_

**FAILED MECHANICAL INTEGRITY TEST (MIT)**  
**DEADLINE FOR COMPLIANCE**

06/12/2025

LICENSE 34434  
Edison Operating Company LLC  
9342 E CENTRAL AVE STE A  
WICHITA, KS 67206-2573

Re: API No. 15-033-20785-00-03  
Permit No. D27721.0  
BRASS SWD 1-35  
35-32S-19W  
Comanche County, KS

Operator:

On 06/12/2025, 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 09/10/2025**  
**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,

Eric MacLaren  
KCC District #1