

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
CASING MECHANICAL INTEGRITY TEST

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: _____

KANSAS CORPORATION COMMISSION

266 N. Main St.
Suite 220
Wichita, KS 67202
Fax 316-337-6211

District #1, 210 E Frontview, Ste A, Dodge City KS 67801 620-682-7933
 District #2 3450 N. Rock Rd. #601, Wichita, KS 67226 316-337-7400
 District #3, 137 E 21st St., Chanute KS 66720 620-902-6450
 District #4, 2301 E. 13th Hays KS 67601 785-261-6250
Check Appropriate District Office

Annular Additive Design Request

Company Name: Alliance Energy LLC License #: 35984
Address: 316 N Winters Furr #601
City/State/Zip: Johnson City, TX 78636
Phone #: 512-954-3968 Email: Allianceenergycompany@gmail.com
Contact Person: Suzette Brooks Title: Vice-President
Well Name: Culver SWDW 2-9 API #: 15-077-30003-00-02
Location: FSL 1980 ' FEL 1980 ' Qtr-Qtr-Qtr SW NW SE UIC Docket D-11722
Section 9 Township 31 S Range 8 W E / W County: Harper
Date of Failed MIT: 03/28/2025 Reason for Failure: pressure bleed off
Location (depth) and Type of Leak: 3463-4015 (pinholes in casing)
Method used to determine leak location: pressure truck, plug & packer
MIT failure bleed off rate from 330 psi to 300 psi in 10 minutes.
Cemented intervals in well: 10-3/4" surf csg @ 225' w/ 200 sx (0-225) / 7" prod csg @ 4980 w/175 sx (3542-4980)
Top & bottom of Fresh and Useable Ground Water: 180 Formation Name: _____
Name of Additive to be used: additive WSO 41 & packer fluid PF 15
Well construction: Production casing size: 7" Tubing size & packer depth: 2-7/8" lined, Mod G coated packer
Describe the Method of Additive Placement and Expected Quantity to be used: _____
spearhead w/ 7 bbls fresh water w/ PF15 packer fluid mix, 30 bbls WSO 41 additive down ann, displace (spot) w/ 127 bbls fresh water PF15 mix, set packer & press ann to 330#, stage as necessary
Today's date: 07 / 14 / 2025 Expected Date to begin Procedure: 07 / 17 / 2025
District Supervisor Approval for Additive Use.
ALLIANCE ENERGY LLC is hereby approved to use the above named additive to restore Mechanical Integrity in the CULVER SWD 2-9 well on this day 7 / 14 / 25.
John K. Clark DISTRICT SUPERVISOR Note the above well must pass MIT after additive placement.
Authorized Signature

Tiger Chemical LLC

Acidizing Report

Date 7-23-25

Customer	Tiger Chemical Yard CUNNINGHAM			Tiger Chemical Number					
Well Name & Number	CUNIGR 2-9 SWD			Formation					
County	State	Interval							
Well Type:	Completion <input type="checkbox"/>	Recompletion <input type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input type="checkbox"/>	OH <input type="checkbox"/>
Job Pumped Via:	Tubing <input type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>	Plug Depth	Packer Depth		
Casing Size:	GRD	WT	Depth	Tubing Size:		Spot			
Casing Vol.	Tbg Vol	Ann Vol		OH Vol		Total Displacement			

Customer Representative Signature

Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
952	PF	2.72		1	*	6	Safety Meeting START PF
953	"	2.79		5		0	Prs Test to PF IN psi
955	WSS	2.77		51		0	ON WSS + ACTIVATOR
956	"	1.5		10		0	
1000	"	1.37		15		0	
1003	"	1.73		20		0	
1006	"	1.61		25		0	
1009	"	1.63		30		0	
1012	"	1.4		35		0	WSS IN
1012	PF	1.0		35.1		0	ON PF
1036	"	1.6		71.3		0	
1105	"	1.44		107.8		25	PF IN
WAIT 10 MIN & SHOOT FLUID LEVEL							
1128	"	1.9		107.9		0	ON PF
1151	"	1.09		132.7		25	PF IN
59T PACKER LOAD TEST							
1200	"	1.2		132.9		330	TEST
1211	"	1.1		133		330	TEST (PASSED)
							330-315 IN 30 MIN

Treatment Synopsis

Avg Inj Rate	Fluid BPM	Total Injected		H2O	Acid	Oil	
Treating Prs	Max	Final	Avg.	ISIP	5'SI	10'SI	15'SI
AR-CU					20	25	30