

# 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: \_\_\_\_\_