KOLAR Document ID: 1862662

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☐ Enhanced Recovery: ☑ KCC District No.: 4

Operator License No.: 3134 Name: Morris, Terry E. dba G L M Company

Address 1: PO BOX 193

Address 2:

City: RUSSELL State: KS Zip: 67665 + 0193

Contact Person: Todd Dinkel Phone: (785) 483-1307

API No.: 15-167-04403-00-00 Permit No.: E02181.1

_ - SW - NE - NW Sec. 5 Twp. 15 S. R. 12 ☐ East ☑ West

4336 Feet from ☐ North / ☑ South Line of Section

3398 Feet from ☑ East / ☐ West Line of Section

Lease: F. VEJL Well No.: 1-W

County: Russell

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

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 5000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*	*Tubing*
Size:	N/A	10.75	N/A	7	N/A	2.875
Set at:		710		3279		3094
Sacks of Cement:		400		300		Type: Duoline
Cement Top:		0		1745		
Cement Bottom:		710		3279		

Packer Type: Howco R-4 Set at: 3094

☐ DV Tool ☐ Port Collar Depth of: ___ feet with ___ sacks of cement TD (and plug back): 3450 feet depth

Zone of Injection Formation: See Attached Top Feet: See Attached Bottom Feet: See Attached Perf. or Open Hole: Both

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: 38.78144 Long: -98.68149 Date Acquired: 10/20/2025

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	335	290				
Set up 2	350	299	290			
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: -42 Bbls. to load annulus: 0

Test Date: 10/20/2025 Using: Weigel Oil Company's Equipment

The zone tested for this well is between 0 feet and 3094 feet.

The test results were verified by operator's representative:

Name: Cody Henry Title: Supervisor Phone: (785) 324-0444

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 04/18/2026

State Agent: David Befort Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks: ~17% Bleed off over 30 minutes. Set up on 6 month interval.

Form	U7 - Casing Mechanical Integrity Test
Operator	Morris, Terry E. dba G L M Company
Well Name	F. VEJL 1-W
Doc ID	1862662

Injection Zones

FormationName	Top	Bottom
ARBUCKLE	3240	3450
CAMBRIAN	3240	3450