

**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> |               |
|------------------------|------------------|----------------|---------------------|-------------------|--------------|---------------|
| 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><b>KCC Office Use Only</b></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> |
|---|--|

|           |                                       |
|-----------|---------------------------------------|
| Form      | U7 - Casing Mechanical Integrity Test |
| Operator  | Edison Operating Company LLC          |
| Well Name | GRILLIOT 4-16                         |
| Doc ID    | 1870743                               |

Injection Zones

| FormationName       | Top  | Bottom |
|---------------------|------|--------|
| TOPEKA              | 3732 | 3928   |
| LANSING-KANSAS CITY | 4090 | 4464   |

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

12/03/2025

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

Re: API No. 15-075-20351-00-01  
Permit No. D20162.0  
GRILLIOT 4-16  
16-21S-40W  
Hamilton County, KS

Operator:

On 12/03/2025, 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 03/03/2026**  
**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