

**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>	<i>Tubing</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>KCC Office Use Only</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>
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KCC OIL/GAS REGULATORY OFFICES

Date: 11/27/24

District: 02

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 30582

API Well Number: 15-015-22148-00-01

Op Name: MWK PETROLEUM

Spot: _____ Sec 20 Twp 28 S Rng 4 E / W

Address 1: 508 STONE LAKE CT

_____ Feet from N / S Line of Section

Address 2: _____

_____ Feet from E / W Line of Section

City: AUGUSTA

GPS: Lat: _____ Long: _____ Date: _____

State: KS Zip Code: 67010 -

Lease Name: DANIELS A Well #: 4

Operator Phone #: (316) 734-4810

County: Butler

Reason for Investigation:

OPERATOR RAN LINER

Problem:

Persons Contacted:

Findings:

PHILLIPS WELL SERVICE RUN IN HOLE WITH 4-1/2" LINER SET @ 2,460', CEMENT SHOE SET @ 2,458'. HURRICANE SERVICES RIGGED UP TO 4-1/2" LINER, LOADED HOLE W/38 BBL FRESH WATER & PUMPED ADDITIONAL 24 BBL TO CLEAN UP ANNULUS. PUMPED 5 BBL DYE WATER, MIXED & PUMPED 120 SXS 60/40 POZMIX 4% GEL 1/4% CFL. WASHED OUT PUMP & LINE DISPLACED PLUG W/40 BBL FRESH WATER. SIP 1600#. RELEASED PRESSURE FLOAT & PLUG HELD OK. GOOD CIRCULATION THROUGHOUT JOB, CEMENT CIRCULATED TO SURFACE WITH 16 BBL SLURRY TO PIT.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Verification Sources:

Photos Taken: _____

- RBDMS
- T-I Database
- Other: FIELD REPORT
- KGS
- District Files
- TA Program
- Courthouse

By: DUANE KRUEGER

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: 12/10/2024



Customer MWK Petroleum, LLC		Lease & Well # Daniels A #4 SWD		Date 11/27/2024	
Service District Eureka		County & State Butler, KS		Legals S/T/R 20 28S 4E	
Job Type Liner <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input checked="" type="checkbox"/> SWD		Legals S/T/R New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No		Job # EP15733	
Equipment #		Driver		Job Safety Analysis - A Discussion of Hazards & Safety Procedures	
1006		David			
1203		Broker			
1215		Monty			
		<input checked="" type="checkbox"/> Hard hat		<input checked="" type="checkbox"/> Gloves	
		<input checked="" type="checkbox"/> H2S Monitor		<input type="checkbox"/> Lockout/Tagout	
		<input checked="" type="checkbox"/> Safety Footwear		<input type="checkbox"/> Required Permits	
		<input type="checkbox"/> FRC/Protective Clothing		<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	
		<input type="checkbox"/> Hearing Protection		<input checked="" type="checkbox"/> Overhead Hazards	
		<input type="checkbox"/> INJ		<input checked="" type="checkbox"/> Specific Job Sequence/Expectations	
		<input type="checkbox"/> Respiratory Protection		<input checked="" type="checkbox"/> Muster Point/Medical Locations	
		<input type="checkbox"/> Additional Chemical/Acid PPE		<input type="checkbox"/> Additional concerns or issues noted below	
		<input checked="" type="checkbox"/> Fire Extinguisher			
Comments					
API# 15-015-22148. TD - 2700', 5 1/2" Casing set @ 2494', BP set @ 2460' inside 5 1/2" Casing. 4 1/2" Liner Casing set @ 2458' inside 5 1/2".					
Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount	
D013	Depth Charge: 2001'-3000'	job	1.00	\$2,000.00	
M010	Heavy Equipment Mileage	mi	55.00	\$220.00	
M015	Light Equipment Mileage	mi	55.00	\$110.00	
M020	Ton Mileage	tm	295.90	\$443.85	
CP070	60/40 Pozmix A	sack	120.00	\$1,920.00	
CP095	Bentonite Gel	lb	415.00	\$186.75	
CP131	Cement Fluid Loss	lb	25.00	\$250.00	
FE115	4 1/2" Rubber Plug	ea	1.00	\$75.00	
R061	Service Supervisor	day	1.00	\$275.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net: \$5,480.60	
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10				Total Taxable \$ -	
				Tax Rate:	
<small>State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.</small>				Sale Tax: \$ -	
				Total: \$ 5,480.60	
				HSI Representative: <i>David Gardner</i>	

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

Mike Kiser

CUSTOMER AUTHORIZATION SIGNATURE

