

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: (____) _____

KCC Office Use Only

The results were:

☐ Satisfactory

☐ Not Satisfactory

Next MIT: _____

State Agent: _____ Title: _____ Witness: ☐ Yes ☐ No

Remarks: _____

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0479
LOCATION VICTORIA
FOREMAN TOM WILLIAMS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
12-14-21	32158	Hufford #1 with	33	21S	18W	Bufford																
CUSTOMER H & R Petroleum Corporation			<table border="1"> <tr> <th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr> <tr> <td>101</td><td>Tony W</td><td></td><td></td></tr> <tr> <td>102</td><td>Jack T</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	101	Tony W			102	Jack T						
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101	Tony W																					
102	Jack T																					
MAILING ADDRESS																						
CITY		STATE	ZIP CODE																			

JOB TYPE 2 in x 5 HOLE SIZE 4 1/2" casing HOLE DEPTH 3700' CASING SIZE & WEIGHT 3 1/2" 44 lb casing
CASING DEPTH 3698' DRILL PIPE _____ TUBING _____ OTHER 4 1/2" casing
SLURRY WEIGHT 14# / 15# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 33 9 Bbl DISPLACEMENT PSI 1900 psi MIX PSI _____ RATE _____
REMARKS: 50 bbl mudding & rig up at well. Hooked up to 4 1/2" sledge. 11
3 1/2" casing. Racked hole. 35 Bbl to Circulator. Mix 19 Bbl at 12 lb &
15 Bbl at 13 lb. Mudding 650 - 900 psi. Put 3 1/2" wiping rubber in &
displaced 33 9 Bbl with 800 - 1400 psi. Shut in at 12:11 1900 psi.
Washed up. Racked up & moved rig

Thanks, Tom of Tack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLOOZ	1	PUMP CHARGE 2' dia	\$1150 ⁰⁰	\$1150 ⁰⁰
MZZI	72 72	MILEAGE	\$6 ⁵⁰	\$468 ⁰⁰
MZOZ	4.45 tons	Ton Mileage delivery	\$600 ⁰⁰	\$600 ⁰⁰
CBOID	1.00 joints	GxH 490 gpl 1/4" x 1/0	\$14 ⁷⁵	\$1475 ⁰⁰
	1	3/4" top rubber plug	\$120 ⁰⁰	\$120 ⁰⁰
			sub total	\$4,013 ⁰⁰
			less 20% d/c.	\$ 802 ⁴⁰
			sub total	\$3210 ⁴⁰
			SALES TAX	136.42
			ESTIMATED TOTAL	3346.82

AUTHORIZATION

TITLE

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.