

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-24,318

Disposal Enhanced Recovery:

SE, Sec 18, T 10 S, R 20 E/W

Repressuring
Flood
Tertiary

330 Feet from South Section Line
990 Feet from East Section Line

Date injection started _____
API #15 - 087 - 20,189

Lease Osborne Well # 6
County T Jefferson

Operator: K.H. Exploration Co Operator License # 3133
Name & Address 600 E Lake Contact Person Doug Baker
McHouth, Ks. 66054 Phone 913-796-6763

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Conductor Surface Production Liner Tubing
Size 8 5/8 4 1/2 Size _____
Set at _____ 1805 Set at _____
Cement Top _____ 0 Type _____
" Bottom _____ 1805 _____
DV/Perf. _____ TD (and plug back) _____ ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection 1760 ft. to ft. 1800 Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
I
E Pressures: 350 350 350 Set up 1 | System Pres. during test _____
L 350 Set up 2 | Annular Pres. during test _____
D Set up 3 | Fluid loss during test 0 bbls.
D
A
T Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Tension Packer

Test Date 3-26-92 Using Poe Well Service Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1700 feet

was the zone tested Doug Baker Signature General Manager Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Jack Robson Title P.I.T.I. Witness: Yes No _____

REMARKS: _____

Orgin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

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 Name & Address 600 E Lake Contact Person Doug Baker
McHouth, Ksi 66054 Phone 913-796-6763

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
 If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>8 5/8</u>	<u>4 1/2</u>	_____	_____	_____
Set at	_____	<u>275</u>	<u>1805</u>	_____	Set at _____	_____
Cement Top	_____	<u>0</u>	<u>0</u>	_____	Type _____	_____
" Bottom	_____	<u>275</u>	<u>1805</u>	_____	_____	_____
DV/Perf.	_____	TD (and plug back) _____		_____	ft. depth _____	
Packer type	_____	Size _____	Set at _____			
Zone of injection	<u>1760</u>	ft. to ft. <u>1800</u>	Perf. or open hole _____			

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
 I
 E Pressures: 350 350 350 Set up 1 | System Pres. during test _____
 L 350 Set up 2 | Annular Pres. during test _____
 D _____ Set up 3 | Fluid loss during test 0 bbls.
 D
 A Tested: Casing or Casing Tubing Annulus
 A

The bottom of the tested zone is shut in with Tension Packer
 Test Date 3-26-92 Using Poe Well Service Company's Equipment
 The operator hereby certifies that the zone between 0 feet and 1700 feet
 was the zone tested Doug Baker Signature General Manager Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____
 State Agent Jack Robson Title Part II Witness: Yes No _____
 REMARKS: _____

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update

INSTRUCTIONS

A) Well identification:

- 1) If an existing well, give the well's docket number.
- 2) Give the legal spot location.
- 3) List the well location from the section Southeast corner. If not surveyed, assume the southeast quarter is 2640' x 2640'.
- 4) Give lease name, well number and county.
- 5) Check for type of injection well.
- 6) Give month and year well started being used for injection.
- 7) Give API # of well if it has one.

B) Operator identification:

C) Well construction information: Complete to extent information available.

D) Test data and operator representative certification:

- 1) Check type of MIT performed.
- 2) Give clock time when test begins and elapsed minutes to each subsequent readings. If more than one set of readings, crowd in the times where space allows.
- 3) Indicate injection pressure during the test and any casing/tubing or surface pipe annulus pressures.
- 4) Indicate loss of fluids from the area pressure tested during the test.
- 5) Check whether a casing or a casing/tubing annulus were tested.
- 6) Give means used to seal bottom of tested zone.
- 7) Give the test date and whose equipment was used for the test.
- 8) Indicate the depth zone tested, then the operator's authorized representative sign including title.

E) KCC/KDHE District Office Evaluation:

The state agent assigned to this MIT completes this section.

F) Distribution:

The original should go to the KCC Conservation Division, 200 Colorado Derby Building, Wichita, Kansas 67202 for storage in the primary Class II injection well files. The operator, the district office, and KDHE Topeka should also get copies. The Conservation Division will be responsible to update the files and computer.