Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency
P.O. Box 1495
Pawhuska, OK 74056

Inspector: **J. Andrew Yates** Test Date: **09/06/2016** Test Time: 1:30 PM
Operator Representative: CHANCE CRAWFORD Date Report Sent to Operator: _____

General Well Data

Operator: JIREH RESOURCES, LLC - 1486
P.O. BOX 701230
TULSA, OK 74170
Phone: _____
Injection Interval: 2502 - 2740 USDW Bot: _____
Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 2449 Casing: 4.500 in. Tubing: ##### in.

Inventory Number: **OS6320**
API Well No.: 35-113-99940-00-78
Well Name/No.: McCOMB 18W
Location: SW 1 27N 7E 330S - 1650W
Field name: _____
Well Type: SWD

Tubing and Annulus Pressure Test Results

Type of MIT: **Std. Annulus Pres. Test** Test Reason: Post Workover Test
Inj. Status: N Inj. Rate: 0 bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure
Pre-Test:		0		0 psi
Initial:	1:30 PM	0		220 psi
Mid:	1:45 PM	0		220 psi
Final:	2:00 PM	0		220 psi

Flowback	Pressure	Volume
High:	220 psi	
Mid:	110 psi	1800 ml
Low:	20 psi	1200 ml
End:	0 psi	250 ml
Total Volume:		3250 ml

Casing/Tubing Annulus Monitoring
Device: _____
Fluid Level: _____ Annulus Prs: _____ psi

Test Result: **Acceptable**
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 09/08/2016

ADA Pressure Test - Required Test Pressure
(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing	Annulus
Depth to Top Perf/Open Hole:	_____ ft	_____ ft
Depth to Fluid Level:	_____ ft	_____ ft
Fluid Column Height:	_____ ft	_____ ft
Specific Gravity of Fluid:	1.06	1.06
Nitrogen Weight Factor:	_____	_____
Required Test Pressure:	_____ psi	_____ psi

Additional Comments for Mechanical Integrity Test

COMPANY CMT'D. 4.5" LINER IN WELL. RUN TBG.
& PKR. BACK IN WELL.

Received Date: 9/9/2016

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: **9/6/2016 1:30:00 PM** Duration: 0.8
Operator Representative: CHANCE CRAWFORD Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: JIREH RESOURCES, LLC Inventory No.: **OS6320** API Well No. 35-113-99940-00-78
P.O. BOX 701230 Well Name/No.: McCOMB 18W 18W Status: UN
TULSA, OK 74170 Location: SW 1 27N 7E 1650W - 330S Well Type: SWD
Phone: _____ Field Nm: _____ Lat/Lng: **36.84119, 96.504909 G**

ROUTINE W/MIT INSPECTION

Purpose: _____ Responsible Company at Time of Inspection: JIREH RESOURCES, LLC
Inspect No.: iJAY1625155657 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 9/6/2016 Test Result: ____ Casing: 4.500 in. Tubing: 2.375 in. USDW: ____ ft subsurf

Monitoring Device Elected:	___
Monitoring Device:	_____
FLM Canister Pressure:	___
Lease Status:	Active
Barrel Monitor Hooked Up?:	___
Barrel Fluid Level (%):	_____
Flowline Hooked Up?:	N
Injecting?:	N

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:	0	0	Max Pressure: 1500
How Determined?:	UIC	UIC	Min Req Press: _____
Static Fluid Level:	_____	0	Max Rate: _____
How Determined?:	_____	O	
Injection Rate (bpd):	0	How Rate Determined? CI	

Comments

ACTIVE WELL, HELD PRESSURE-OK.

Evaluation: Name: JM Date: 9/9/16
Inspection Results: 1 Follow-up: A Reason: SEC
Violation Code: O Frequency: NR

Received Date: 9/9/2016

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: Larry Stephens Dt/Tm Inspected: **9/16/2014 12:00:00 PM** Duration: 0.5
Operator Representative: NONE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: JIREH RESOURCES, LLC Inventory No.: **OS6320** API Well No. 35-113-99940-00-78
2526 EAST 71ST ST. STE A Well Name/No.: CKLAND 18W Status: UN
TULSA, OK 74136 Location: SW 1 27N 7E 1650W - 330S Well Type: SWD
Phone: _____ Field Nm: _____ Lat/Lng: **36.84119, 96.504909 G**

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: JIREH RESOURCES, LLC
Inspect No.: iLMS1427544993 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 3/19/2012 Test Result: ____ Casing: 5.500 in. Tubing: 2.875 in. USDW: _____ ft subsurf

Monitoring Device Elected:	___
Monitoring Device:	_____
FLM Canister Pressure:	___
Lease Status:	Active
Barrel Monitor Hooked Up?:	___
Barrel Fluid Level (%):	_____
Flowline Hooked Up?:	Y
Injecting?:	Y

	Tubing	Annulus	
Fittings:	N	Y	**AUTHORIZED**
Actual Pressure:	-25	0	Max Pressure: 1500
How Determined?:	UIC	OV	Min Req Press: _____
Static Fluid Level:	_____	_____	Max Rate: _____
How Determined?:	_____	_____	
Injection Rate (bpd):	_____	How Rate Determined? ____	

Comments

ACTIVE WELL

Evaluation: Name: Dal A 8 Date: 10-22-14
Inspection Results: 1 Follow-up: A Reason: See
Violation Code: None Frequency: NR

Received Date: 10/8/2014