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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 4058
Name: American Warrior, Inc.
Address 1: 3118 CUMMINGS RD
Address 2: PO BOX 399
City: GARDEN CITY State: KS Zip: 67846 + ___ ___ ___ ___
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: COX
Well Number: 1-23

API No.: 15-135-24655-00-00
Permit No: D28993.0
Reporting Year: 2015
(January 1 to December 31)

___ - NE - NE - NE Sec. 23 Twp. 20 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
459 feet from ☑ E / ☐ W Line of Section
County: Ness

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	13795	0	0		31
February	12460	0	0		28
March	13795	0	0		31
April	13350	0	0		30
May	13795	0	0		31
June	13350	0	0		30
July	13795	0	0		31
August	13795	0	0		31
September	13350	0	0		30
October	13795	0	0		31
November	13350	0	0		30
December	13795	0	0		31
TOTAL	162425		0		

Submitted Electronically