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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: EDNA MOSER
Well Number: 1 SWD

API No.: 15-009-00212-00-00
Permit No: D03315.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SE - S2 Sec. 35 Twp. 17 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
265 feet from ☐ N / ☑ S Line of Section
1190 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 50 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 10000 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	57660	0	0		31
February	52080	0	0		28
March	57660	0	0		31
April	55800	0	0		30
May	57660	0	0		31
June	55800	0	0		30
July	57660	0	0		31
August	57660	0	0		31
September	55800	0	0		30
October	57660	0	0		31
November	55800	0	0		30
December	57660	0	0		31
TOTAL	678900		0		

Submitted Electronically