1287718

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: O'Brate
Well Number: #2-4

API No.: 15-081-21967-00-00
Permit No: D31108.0
Reporting Year: 2015
*(January 1 to December 31)*

NW - NW - SW - NE Sec. 4 Twp. 28 S. R. 33 ☐ E ☑ W
*(Q/Q/Q/Q)*
710 feet from ☑ N / ☐ S Line of Section
335 feet from ☐ E / ☑ W Line of Section
County: Haskell

**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: 100 psi Injection Zone: Counsil Grove
Maximum Authorized Injection Rate: 500 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 | 465 | 0 | 0 | | 31 |
| February | 420 | 0 | 0 | | 28 |
| March | 465 | 0 | 0 | | 31 |
| April | 450 | 0 | 0 | | 30 |
| May | 465 | 0 | 0 | | 31 |
| June | 450 | 0 | 0 | | 30 |
| July | 465 | 0 | 0 | | 31 |
| August | 465 | 0 | 0 | | 31 |
| September | 450 | 0 | 0 | | 30 |
| October | 465 | 0 | 0 | | 31 |
| November | 450 | 0 | 0 | | 30 |
| December | 465 | 0 | 0 | | 31 |
| ***TOTAL*** | 5475 | | 0 | | |

Submitted Electronically