1287721

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: OKESON
Well Number: 3-8

API No.: 15-199-20307-00-01
Permit No: D28408.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SW - NW Sec. 8 Twp. 15 S. R. 41 ☐ E ☑ W
(Q/Q/Q/Q)
3590 feet from ☐ N / ☑ S Line of Section
2428 feet from ☑ E / ☐ W Line of Section
County: Wallace

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: 200 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 1500 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	2945	0	0		31
February	2660	0	0		28
March	0		0		
April	0		0		
May	2945	0	0		31
June	2850	0	0		30
July	2945	0	0		31
August	2945	0	0		31
September	2850	0	0		30
October	2945	0	0		31
November	2850	0	0		30
December	2945	0	0		31
TOTAL	28880		0		

Submitted Electronically