1287756

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: THYFAULT A
Well Number: 1

API No.: 15-163-30032-00-02
Permit No: D28685.0
Reporting Year: 2015
(January 1 to December 31)

____ - NW - NW - SW Sec. 24 Twp. 9 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4042 feet from ☐ N / ☑ S Line of Section
4941 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: Cedar Hills
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	6758	0	0		31
February	6104	0	0		28
March	6758	0	0		31
April	6540	0	0		30
May	6758	0	0		31
June	6540	0	0		30
July	6758	0	0		31
August	6758	0	0		31
September	6540	0	0		30
October	6758	0	0		31
November	6540	0	0		30
December	6758	0	0		31
TOTAL	79570		0		

Submitted Electronically