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: PO BOX 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + __ __ __ __
Contact Person: Kevin Wiles
Phone: (620) 275-2963
Lease Name: STUM
Well Number: 2

API No.: 15-135-24405-00-00
Permit No: D28614.0
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - W2 - E2 Sec. 7 Twp. 19 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
2661 feet from ☐ N / ☑ S Line of Section
4275 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: 0 mg/l Specific Gravity: 0 Additives: 0
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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	13764	0	0		31
February	12432	0	0		28
March	13764	0	0		31
April	13320	0	0		30
May	13764	0	0		31
June	13320	0	0		30
July	13764	0	0		31
August	13764	0	0		31
September	13320	0	0		30
October	13764	0	0		31
November	13320	0	0		30
December	13764	0	0		31
TOTAL	162060		0		

Submitted Electronically