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: EULERT UNIT
Well Number: 1

API No.: 15-167-03876-00-01
Permit No: E14451.3
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - NW Sec. 35 Twp. 11 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
3643 feet from ☐ N / ☑ S Line of Section
3699 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 1000 psi Injection Zone: KC
Maximum Authorized Injection Rate: 3000 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 | 24335 | 0 | 0 | | 31 |
| February | 21980 | 0 | 0 | | 28 |
| March | 24335 | 0 | 0 | | 31 |
| April | 23550 | 0 | 0 | | 30 |
| May | 24335 | 0 | 0 | | 31 |
| June | 23550 | 0 | 0 | | 30 |
| July | 24335 | 0 | 0 | | 31 |
| August | 24335 | 0 | 0 | | 31 |
| September | 23550 | 0 | 0 | | 30 |
| October | 24335 | 0 | 0 | | 31 |
| November | 23550 | 0 | 0 | | 30 |
| December | 24335 | 0 | 0 | | 31 |
| ***TOTAL*** | 286525 | | 0 | | |

Submitted Electronically