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 + 0399
Contact Person: Kevin Wiles SR
Phone: (620) 275-2963
Lease Name: SMITH
Well Number: 2

API No.: 15-055-20553-00-00
Permit No: D23260.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SE - NW Sec. 20 Twp. 24 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 250 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1250 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	3720	0	0		31
February	3360	0	0		28
March	3720	0	0		31
April	3600	0	0		30
May	3720	0	0		31
June	3600	0	0		30
July	3720	0	0		31
August	3720	0	0		31
September	3600	0	0		30
October	3720	0	0		31
November	3600	0	0		30
December	3720	0	0		31
TOTAL	43800		0		

Submitted Electronically