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
Phone: (620) 275-2963
Lease Name: BOLLIG SWD
Well Number: 1

API No.: 15-065-21865-00-00
Permit No: D22410.0
Reporting Year: 2020
(January 1 to December 31)

SW - ____ - ____ - ____ Sec. 28 Twp. 9 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
212 feet from ☐ N / ☑ S Line of Section
4535 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 300 psi Injection Zone: Cedar Hill
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	4030	0	0	0	31
February	3770	0	0	0	29
March	4030	0	0	0	31
April	3900	0	0	0	30
May	4030	0	0	0	31
June	3900	0	0	0	30
July	4030	0	0	0	31
August	4030	0	0	0	31
September	3900	0	0	0	30
October	4030	0	0	0	31
November	3900	0	0	0	30
December	4030	0	0	0	31
TOTAL	47580		0		

Submitted Electronically