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: THYFAULT A
Well Number: 1

API No.: 15-163-30032-00-02
Permit No: D28685.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - NW - NW 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: 0 mg/l Specific Gravity: 0 Additives: 0
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 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 | 6138 | 0 | 0 | 0 | 31 |
| February | 5544 | 0 | 0 | 0 | 28 |
| March | 6138 | 0 | 0 | 0 | 31 |
| April | 5940 | 0 | 0 | 0 | 30 |
| May | 6138 | 0 | 0 | 0 | 31 |
| June | 5940 | 0 | 0 | 0 | 30 |
| July | 6138 | 0 | 0 | 0 | 31 |
| August | 6138 | 0 | 0 | 0 | 31 |
| September | 5940 | 0 | 0 | 0 | 30 |
| October | 6138 | 0 | 0 | 0 | 31 |
| November | 5940 | 0 | 0 | 0 | 30 |
| December | 6138 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 72270 | | 0 | | |

Submitted Electronically