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 # 35271
Name: War Cry, LLC
Address 1: 15 S. MAIN
Address 2:
City: RUSSELL State: KS Zip: 67665 + __ __ __ __
Contact Person: WARD CRAIG
Phone: (785) 483-1543
Lease Name: SAM BOXBERGER
Well Number: 4

API No.: 15-167-02616-00-01
Permit No: E30095.1
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - SE Sec. 10 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
765 feet from ☐ N / ☑ S Line of Section
1058 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: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 70 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 600 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	17980	0	0	0	31
February	16240	0	0	0	28
March	17980	0	0	0	31
April	17400	0	0	0	30
May	17980	0	0	0	31
June	17400	0	0	0	30
July	17980	0	0	0	31
August	17980	0	0	0	31
September	17400	0	0	0	30
October	17980	0	0	0	31
November	17400	0	0	0	30
December	17980	0	0	0	31
TOTAL	211700		0		

Submitted Electronically