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: P.O.Box 399
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 0399
Contact Person: KEVIN L WILES SR
Phone: (620) 275-2963
Lease Name: KERSTETTER
Well Number: 2-33

API No.: 15-033-20450-00-01
Permit No: D27761.0
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - NW - NE Sec. 33 Twp. 32 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
659 feet from ☑ N / ☐ S Line of Section
1987 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	18600	0	0	0	31
February	16800	0	0	0	28
March	18600	0	0	0	31
April	18000	0	0	0	30
May	18600	0	0	0	31
June	18000	0	0	0	30
July	18600	0	0	0	31
August	18600	0	0	0	31
September	18000	0	0	0	30
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	163800		0		

Submitted Electronically