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: KOOPMAN
Well Number: 4

API No.: 15-185-19101-00-00
Permit No: D02934.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - NE Sec. 20 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4998 feet from ☐ N / ☑ S Line of Section
919 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: Arbuckle
Maximum Authorized Injection Rate: 10000 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	69905	0	0	0	31
February	63140	0	0	0	29
March	69905	0	0	0	31
April	67650	0	0	0	30
May	69905	0	0	0	31
June	67650	0	0	0	30
July	69905	0	0	0	31
August	69905	0	0	0	31
September	67650	0	0	0	30
October	69905	0	0	0	31
November	67650	0	0	0	30
December	69905	0	0	0	31
TOTAL	823075		0		

Submitted Electronically