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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: HOFFMAN
Well Number: 1

API No.: 15-009-03308-00-01
Permit No: D26366.0
Reporting Year: 2024
*(January 1 to December 31)*

(Q/Q/Q/Q) N2 - SW - SW Sec. 14 Twp. 16 S. R. 12 ☐ E ☑ W
981 feet from ☐ N / ☑ S Line of Section
4672 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: 6000 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 | 1395 | 0 | 0 | 0 | 31 |
| February | 1260 | 0 | 0 | 0 | 29 |
| March | 1395 | 0 | 0 | 0 | 31 |
| April | 1350 | 0 | 0 | 0 | 30 |
| May | 1395 | 0 | 0 | 0 | 31 |
| June | 1350 | 0 | 0 | 0 | 30 |
| July | 1395 | 0 | 0 | 0 | 31 |
| August | 1395 | 0 | 0 | 0 | 31 |
| September | 1350 | 0 | 0 | 0 | 30 |
| October | 1395 | 0 | 0 | 0 | 31 |
| November | 1350 | 0 | 0 | 0 | 30 |
| December | 1395 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 16425 | | 0 | | |

Submitted Electronically