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: 48 SOUTH KANSAS ST
Address 2:
City: RUSSELL State: KS Zip: 67665 + 3014
Contact Person: Ward Craig
Phone: (785) 483-1543
Lease Name: CASEY
Well Number: 2

API No.: 15-009-15681-00-01
Permit No: D34270.0
Reporting Year: 2024
(January 1 to December 31)

NW - NW - SE - NE Sec. 4 Twp. 16 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3634 feet from ☐ N / ☑ S Line of Section
1310 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: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 4000 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	18011	0	0	0	31
February	17450	0	0	0	29
March	18500	0	0	0	31
April	18000	0	0	0	30
May	18600	0	0	0	31
June	18300	0	0	0	30
July	18230	0	0	0	31
August	19000	0	0	0	31
September	18600	0	0	0	30
October	19200	0	0	0	31
November	18700	0	O	0	30
December	19400	0	0	0	31
TOTAL	221991		0		

Submitted Electronically