KOLAR Document ID: 1882223

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U-7
August 2019

CASING MECHANICAL INTEGRITY TEST

Disposal: ☑ Enhanced Recovery: ☐ KCC District No.: 4

Operator License No.: 4058 Name: American Warrior, Inc.

Address 1: PO BOX 399

Address 2:

City: GARDEN CITY State: KS Zip: 67846 + 0399

Contact Person: Jose Reyes Phone: (620) 275-2963

API No.: 15-009-03308-00-01 Permit No.: D26366.0

_ - N2 - SW - SW Sec. 14 Twp. 16 S. R. 12 ☐ East ☑ West

981 Feet from ☐ North / ☑ South Line of Section

4672 Feet from ☑ East / ☐ West Line of Section

Lease: HOFFMAN Well No.: 1

County: Barton

Well Construction Details: ☐ New well ☐ Existing well with changes to construction ☑ Existing well with no changes to construcion

Maximum Authorized Injection Pressure: 0 psi Maximum Injection Rate: 6000 bbl/d

	Conductor	*Surface*	*Intermediate*	*Production*	*Liner*	*Tubing*
Size:	N/A	8.625	N/A	5.5	4.5	2.375
Set at:		508		3374	3667	3333
Sacks of Cement:		250		150	175	Type: Duo lined
Cement Top:		0		2406	0	
Cement Bottom:		508		3374	3667	

Packer Type: AD-1 Set at: 3333

☐ DV Tool ☐ Port Collar Depth of: ___ feet with ___ sacks of cement TD (and plug back): 3637 feet depth

Zone of Injection Formation: See Attached Top Feet: See Attached Bottom Feet: See Attached Perf. or Open Hole: Perf

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space? ☐ Yes ☑ No

If Dual Completion - Injection is: ☐ Above Production ☐ Below Production

FIELD DATA

GPS Location: Datum: ☐ NAD27 ☐ NAD83 ☑ WGS84 Lat: 38.65502 Long: -98.62475 Date Acquired: 02/05/2026

MIT Type: Tubing and Packer (or Initial Pressure) Test MIT Reason: 2-YEAR TEST

Time in Minute(s):	0	15	30			
Pressures: Set up 1	350	350	350			
Set up 2						
Set up 3						

Tested: ☐ Casing ☑ or Casing - Tubing Annulus System Pressure during test: ___ Bbls. to load annulus: 0

Test Date: 02/05/2026 Using: Shane`s Tank Service Company's Equipment

The zone tested for this well is between 0 feet and 3333 feet.

The test results were verified by operator's representative:

Name: Jose Reyes Title: Production Foreman Phone: (620) 275-2963

KCC Office Use Only

The results were:

☑ Satisfactory

☐ Not Satisfactory

Next MIT: 02/05/2028

State Agent: Richard Heine Title: E.C.R.S. Witness: ☑ Yes ☐ No

Remarks:

Form	U7 - Casing Mechanical Integrity Test
Operator	American Warrior, Inc.
Well Name	HOFFMAN 1
Doc ID	1882223

Injection Zones

FormationName	Top	Bottom
ARBUCKLE	3500	3637
ARBUCKLE	3500	3637