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: Jose Reyes
Phone: (620) 275-2963
Lease Name: BURKHOLDER
Well Number: 1-28

API No.: 15-077-21589-00-02
Permit No: D30100.0
Reporting Year: 2025
(January 1 to December 31)

____ - ____ - NE - NW Sec. 28 Twp. 32 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
4770 feet from ☐ N / ☑ S Line of Section
3170 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 750 psi Injection Zone: Simpson
Maximum Authorized Injection Rate: 1000 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	7990	0	0	0	31
February	7215	0	0	0	28
March	8000	0	0	0	31
April	7680	0	0	0	30
May	8000	0	0	0	31
June	7900	0	0	0	30
July	8000	0	0	0	31
August	8000	0	0	0	31
September	7900	0	0	0	30
October	8000	0	0	0	31
November	7900	0	0	0	30
December	8000	0	0	0	31
TOTAL	94585		0		

Submitted Electronically