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 # 4767
Name: Ritchie Exploration, Inc.
Address 1: 8100 E 22ND ST N # 700
Address 2: BOX 783188
City: WICHITA State: KS Zip: 67278 + 3188
Contact Person: Peter Fiorini
Phone: (316) 691-9500
Lease Name: RITCHIE TRUST
Well Number: 6

API No.: 15-073-24028-00-01
Permit No: E28790.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NW Sec. 29 Twp. 22 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
3030 feet from ☐ N / ☑ S Line of Section
4082 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 1000 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1500 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	0		0		
February	0		0		
March	0		0		
April	635	0	0		15
May	1158	0	0		31
June	1120	0	0		30
July	1158	0	0		31
August	1158	0	0		31
September	1120	0	0		30
October	1120	0	0		30
November	1120	0	0		30
December	1158	0	0		31
TOTAL	9747		0		

Submitted Electronically