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: WING TRUST 23D
Well Number: 1

API No.: 15-109-21455-00-01
Permit No:
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - NW - SE Sec. 23 Twp. 15 S. R. 36 ☐ E ☑ W
(Q/Q/Q/Q)
1830 feet from ☐ N / ☑ S Line of Section
2200 feet from ☑ E / ☐ W Line of Section
County: Logan

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: ____ psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: ____ 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	11595	0	0		31
February	8766	0	0		28
March	10934	0	0		31
April	10934	0	0		30
May	11637	0	0		31
June	10934	0	0		30
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	64800		0		

Submitted Electronically