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: HUTTON
Well Number: 1

API No.: 15-063-20903-00-02
Permit No: D32660.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 6 Twp. 14 S. R. 27 ☐ E ☑ W
*(Q/Q/Q/Q)*
4950 feet from ☑ N / ☐ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Gove

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 750 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 | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | 151 | | | | 9 |
| September | 320 | | | | 30 |
| October | 453 | | | | 31 |
| November | 381 | | | | 30 |
| December | 394 | | | | 31 |
| ***TOTAL*** | 1699 | | 0 | | |

Submitted Electronically