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: PO BOX 783188
City: WICHITA State: KS Zip: 67278 + 3188
Contact Person: Peter Fiorini
Phone: ( 316 ) 691-9500
Lease Name: HILLMAN
Well Number: 4

API No.: 15-195-20946-00-02
Permit No: E28869.1
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - SW - NE Sec. 35 Twp. 11 S. R. 22 ☐ E ☑ W
*(Q/Q/Q/Q)*
3637 feet from ☐ N / ☑ S Line of Section
1708 feet from ☑ E / ☐ W Line of Section
County: Trego

**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: 500 psi Injection Zone: LANSING-KANSAS CITY,TOPEKA,TORONTO
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 | 10189 | 0 | | | 31 |
| February | 9203 | 0 | | | 28 |
| March | 10220 | 0 | | | 31 |
| April | 9651 | 0 | | | 30 |
| May | 9972 | 0 | | | 31 |
| June | 6371 | 0 | | | 30 |
| July | 8865 | 0 | | | 31 |
| August | 8886 | 0 | | | 31 |
| September | 7352 | 0 | | | 30 |
| October | 3526 | 0 | | | 31 |
| November | 3679 | 0 | | | 30 |
| December | 8800 | 0 | | | 31 |
| ***TOTAL*** | 96714 | | 0 | | |

Submitted Electronically