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: Karen Hopper
Phone: (316) 691-9500
Lease Name: CRAMM D
Well Number: 2

API No.: 15-159-03759-00-00
Permit No: D02460.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SW - SW Sec. 15 Twp. 19 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
1099 feet from ☐ N / ☑ S Line of Section
3967 feet from ☑ E / ☐ W Line of Section
County: Rice

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: Arbuckle
Maximum Authorized Injection Rate: 10000 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	5120	0	0	0	31
February	14335	0	0	0	28
March	15871	0	0	0	31
April	11986	0	0	0	30
May	9029	0	0	0	31
June	10033	0	0	0	30
July	6688	0	0	0	31
August	10367	0	0	0	31
September	10033	0	0	0	30
October	8026	0	0	0	31
November	10022	0	0	0	30
December	10356	0	0	0	31
TOTAL	121866		0		

Submitted Electronically