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: COBERLY NNN
Well Number: 2

API No.: 15-063-20508-00-01
Permit No: D24669.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NE - NE Sec. 11 Twp. 14 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
4026 feet from ☐ N / ☑ S Line of Section
822 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: 500 psi Injection Zone: Mississippian,L/KC
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	1555	0	0	0	31
February	1206	0	0	0	28
March	1555	0	0	0	31
April	1505	0	0	0	30
May	1555	0	0	0	31
June	1505	0	0	0	30
July	1555	0	0	0	31
August	1555	0	0	0	31
September	1505	0	0	0	30
October	1555	0	0	0	31
November	1505	0	0	0	30
December	1555	0	0	0	31
TOTAL	18111		0		

Submitted Electronically