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: STAAB A
Well Number: 4

API No.: 15-051-20129-00-00
Permit No: D13912.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - NE Sec. 17 Twp. 13 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4833 feet from ☐ N / ☑ S Line of Section
2353 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: ARBUCKLE
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	4853	0	0	0	31
February	4383	0	0	0	28
March	4848	0	0	0	31
April	4697	0	0	0	30
May	4853	0	0	0	31
June	4697	0	0	0	30
July	4646	0	0	0	31
August	4491	0	0	0	31
September	3973	0	0	0	30
October	4853	0	0	0	31
November	3129	0	0	0	30
December	2644	0	0	0	31
TOTAL	52067		0		

Submitted Electronically