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: WEEKS AREA SWD
Well Number: 1

API No.: 15-135-22501-00-00
Permit No: D23152.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - SW Sec. 5 Twp. 17 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
336 feet from ☐ N / ☑ S Line of Section
3599 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 250 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 2500 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	5239	0	0	0	31
February	4789	0	0	0	28
March	5142	0	0	0	31
April	4976	0	0	0	30
May	3942	0	0	0	31
June	3026	0	0	0	30
July	5142	0	0	0	31
August	5142	0	0	0	31
September	4976	0	0	0	30
October	5142	0	0	0	31
November	4976	0	0	0	30
December	4999	0	0	0	31
TOTAL	57491		0		

Submitted Electronically