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: JOY
Well Number: 1

API No.: 15-051-19143-00-00
Permit No: D00794.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - NW Sec. 14 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
5016 feet from ☐ N / ☑ S Line of Section
3679 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: 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	11349	0	0	0	31
February	10821	0	0	0	28
March	11450	0	0	0	31
April	11032	0	0	0	30
May	11494	0	0	0	31
June	11462	0	0	0	30
July	11878	0	0	0	31
August	11810	0	0	0	31
September	11434	0	0	0	30
October	11833	0	0	0	31
November	11369	0	0	0	30
December	11741	0	0	0	31
TOTAL	137673		0		

Submitted Electronically