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: WING TRUST-D. SCHUMACHER
Well Number: 1

API No.: 15-109-21415-00-01
Permit No: E34148.1
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - ____ - W2 Sec. 23 Twp. 15 S. R. 36 ☐ E ☑ W
(Q/Q/Q/Q)
2560 feet from ☐ N / ☑ S Line of Section
1260 feet from ☐ E / ☑ W Line of Section
County: Logan

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: 1000 psi Injection Zone: ALTAMONT
Maximum Authorized Injection Rate: 1500 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	240	0	0	0	31
February	329	0	0	0	28
March	351	0	0	0	31
April	340	0	0	0	30
May	351	0	0	0	31
June	340	0	0	0	30
July	325	0	0	0	31
August	351	0	0	0	31
September	340	0	0	0	30
October	351	0	0	0	31
November	340	0	0	0	30
December	346	0	0	0	31
TOTAL	4004		0		

Submitted Electronically