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: CKG
Well Number: 1

API No.: 15-179-21212-00-02
Permit No: E34426.1
Reporting Year: 2025
(January 1 to December 31)

____ - S2 - N2 - NE Sec. 8 Twp. 9 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
1151 feet from ☑ N / ☐ S Line of Section
1428 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: LANSING-KANSAS CITY
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	1113	0	0	0	31
February	897	0	0	0	28
March	646	0	0	0	31
April	1041	0	0	0	30
May	933	0	0	0	31
June	3218	0	0	0	30
July	3325	0	0	0	31
August	3325	0	0	0	31
September	3218	0	0	0	30
October	3325	0	0	0	31
November	3218	0	0	0	30
December	2252	0	0	0	31
TOTAL	26511		0		

Submitted Electronically