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 # 3553
Name: Citation Oil & Gas Corp.
Address 1: 14077 CUTTEN RD
Address 2: PO BOX 690688
City: HOUSTON State: TX Zip: 77269 + 0688
Contact Person: Griselda Medina
Phone: (281) 891-1000
Lease Name: CLIFTON
Well Number: 4

API No.: 15-083-30079-00-00
Permit No: E12365.1
Reporting Year: 2017
(January 1 to December 31)

NE - SW - NE - NE Sec. 1 Twp. 23 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
4499 feet from ☐ N / ☑ S Line of Section
827 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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	26255	100	0		30
February	24920	100	0		28
March	27590	100	0		31
April	25360	100	0		29
May	27590	100	0		31
June	25810	100	0		30
July	27590	100	0		31
August	27590	100	0		31
September	20107	100	0		30
October	29171	100	0		31
November	28200	100	0		30
December	30694	100	0		31
TOTAL	320877		0		

Submitted Electronically