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: MOREL SWD
Well Number: DO3

API No.: 15-065-03377-00-01
Permit No: D20272.0
Reporting Year: 2017
(January 1 to December 31)

NE - NW - SE - NW Sec. 15 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3657 feet from ☐ N / ☑ S Line of Section
3739 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 100 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 15000 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	87885	-25	0		31
February	86743	-25	0		28
March	94564	-25	0		31
April	89608	-25	0		30
May	97589	-25	0		31
June	97413	-25	0		30
July	99465	-25	0		31
August	91506	-25	0		31
September	91506	-25	0		30
October	100089	-30	0		31
November	96200	-25	0		30
December	99632	-30	0		31
TOTAL	1132200		0		

Submitted Electronically