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: WIELAND UNIT
Well Number: 4-12

API No.: 15-051-24296-00-01
Permit No: E10416.15
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - NE Sec. 1 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4304 feet from ☐ N / ☑ S Line of Section
213 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: 1000 psi Injection Zone: TOPEKA
Maximum Authorized Injection Rate: 3000 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	20161	-24	0		31
February	17757	-24	0		28
March	22710	-24	0		31
April	23312	-24	0		30
May	24222	-24	0		31
June	23150	-25	0		30
July	23838	-25	0		31
August	22840	-25	0		31
September	22526	-25	0		30
October	23705	-28	0		31
November	22914	-25	0		30
December	23634	-25	0		31
TOTAL	270769		0		

Submitted Electronically