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: AMELIA
Well Number: 5

API No.: 15-167-22762-00-00
Permit No: D24953.0
Reporting Year: 2020
(January 1 to December 31)

NW - NE - NW - SW Sec. 6 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
2338 feet from ☐ N / ☑ S Line of Section
4456 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	43400	0	0	0	31
February	40600	0	0	0	29
March	43400	-27	0	0	31
April	42000	0	0	0	30
May	43400	0	0	0	31
June	42000	0	0	0	30
July	43400	-27	0	0	31
August	42000	0	0	0	30
September	42000	0	0	0	30
October	42000	0	0	0	31
November	42000	-27	0	0	30
December	43400	-27	0	0	31
TOTAL	509600		0		

Submitted Electronically