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: 14

API No.: 15-065-02682-00-00
Permit No: D10464.0
Reporting Year: 2020
(January 1 to December 31)

____ - S2 - N2 - N2 Sec. 15 Twp. 9 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4250 feet from ☐ N / ☑ S Line of Section
2687 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: 500 psi Injection Zone: 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	98274	-20	0	0	31
February	85764	-20	0	0	29
March	78000	-20	0	0	31
April	65980	-20	0	0	26
May	72786	-20	0	0	31
June	60765	-20	0	0	30
July	66232	-20	0	0	31
August	61273	-23	0	0	31
September	59538	0	0	0	30
October	61312	0	0	0	31
November	64681	-23	0	0	30
December	66619	-23	0	0	31
TOTAL	841224		0		

Submitted Electronically