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: BATES UNIT
Well Number: 5W-02

API No.: 15-191-20026-00-01
Permit No: E13900.2
Reporting Year: 2020
(January 1 to December 31)

NE - SE - NE - NE Sec. 36 Twp. 30 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
4620 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 2500 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	1798	150	0	0	31
February	1850	150	0	0	29
March	1550	150	0	0	31
April	1530	120	0	0	30
May	1790	150	0	0	31
June	1620	150	0	0	30
July	1540	150	0	0	31
August	779	100	0	0	31
September	822	0	0	0	30
October	361	100	0	0	31
November	300	100	0	0	29
December	400	100	0	0	31
TOTAL	14340		0		

Submitted Electronically