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: SCHMITT B
Well Number: 1

API No.: 15-051-01084-00-04
Permit No: D26373.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 12 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4979 feet from ☐ N / ☑ S Line of Section
2977 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: 0 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 6000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically