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: KRAMPE
Well Number: 3

API No.: 15-185-19128-00-03
Permit No: E17790.1
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NE Sec. 33 Twp. 21 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4322 feet from ☐ N / ☑ S Line of Section
1651 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 400 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 500 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	11222	-21	0	0	30
February	10106	-21	0	0	28
March	11222	-21	0	0	31
April	10860	-21	0	0	30
May	11222	-21	0	0	31
June	10860	-21	0	0	30
July	11222	-21	0	0	31
August	11222	-21	0	0	31
September	10860	-21	0	0	30
October	9936	-21	0	0	31
November	10320	-21	0	0	30
December	9448	-21	0	0	30
TOTAL	128500		0		

Submitted Electronically