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: WIELAND UNIT
Well Number: 6-15

API No.: 15-051-25935-00-01
Permit No: E10416.33
Reporting Year: 2022
*(January 1 to December 31)*

____ - SE - NE - SE Sec. 1 Twp. 13 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
1669 feet from ☐ N / ☑ S Line of Section
330 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: 1000 psi Injection Zone: LANSING-KANSAS CITY,TOPEKA,TORONTO
Maximum Authorized Injection Rate: 3000 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 | 17177 | 150 | 0 | 0 | 31 |
| February | 15650 | 160 | 0 | 0 | 28 |
| March | 16576 | 160 | 0 | 0 | 31 |
| April | 15900 | 125 | 0 | 0 | 30 |
| May | 14738 | 100 | 0 | 0 | 31 |
| June | 14749 | 100 | 0 | 0 | 30 |
| July | 15792 | 100 | 0 | 0 | 31 |
| August | 16014 | 120 | 0 | 0 | 31 |
| September | 17326 | 100 | 0 | 0 | 30 |
| October | 17273 | 100 | 0 | 0 | 31 |
| November | 15459 | 100 | 0 | 0 | 30 |
| December | 15548 | 100 | 0 | 0 | 31 |
| ***TOTAL*** | 192202 | | 0 | | |

Submitted Electronically