1325526

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 # 30481
Name: Apollo Energies, Inc.
Address 1: 10378 N 281 HWY
Address 2:
City: PRATT State: KS Zip: 67124 + 7920
Contact Person: Chris Nelson
Phone: (620) 672-9001
Lease Name: FOUTS
Well Number: 5

API No.: 15-015-19892-00-02
Permit No: D26641.0
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - E2 - SW Sec. 16 Twp. 28 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
967 feet from ☐ N / ☑ S Line of Section
3715 feet from ☑ E / ☐ W Line of Section
County: Butler

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
Maximum Authorized Injection Rate: 80 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	1200	0	0		30
February	1160	0	0		29
March	1240	0	0		31
April	1200	0	0		30
May	1240	0	0		31
June	1200	0	0		30
July	1240	0	0		31
August	1240	0	0		31
September	1200	0	0		30
October	1240	0	0		31
November	1200	0	0		30
December	1240	0	0		31
TOTAL	14600		0		

Submitted Electronically