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: GODFREY PHIL
Well Number: 1

API No.: 15-145-30124-00-02
Permit No: D15256.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - SW Sec. 12 Twp. 22 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
943 feet from ☐ N / ☑ S Line of Section
4895 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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		
February	0		0		
March	6820	0	0		31
April	6600	0	0		30
May	6820	0	0		31
June	6600	0	0		30
July	6820	0	0		31
August	6820	0	0		31
September	6600	0	0		30
October	6820	0	0		31
November	6820	0	0		30
December	6600	0	0		30
TOTAL	67320		0		

Submitted Electronically