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: GIBSON B
Well Number: 7

API No.: 15-047-20467-00-01
Permit No: E26903.3
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - SW - SE Sec. 3 Twp. 26 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
1030 feet from ☐ N / ☑ S Line of Section
1625 feet from ☑ E / ☐ W Line of Section
County: Edwards

**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: 500 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 150 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 | 2340 | 0 | 0 | | 18 |
| February | 3640 | 0 | 0 | | 28 |
| March | 4030 | 0 | 0 | | 31 |
| April | 3900 | 0 | 0 | | 30 |
| May | 2080 | 0 | 0 | | 16 |
| June | 1820 | 0 | 0 | | 14 |
| July | 2080 | 0 | 0 | | 16 |
| August | 4030 | 0 | 0 | | 31 |
| September | 3900 | 0 | 0 | | 30 |
| October | 4030 | 0 | 0 | | 31 |
| November | 3900 | 0 | 0 | | 30 |
| December | 4030 | 0 | 0 | | 31 |
| ***TOTAL*** | 39780 | | 0 | | |

Submitted Electronically