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 A
Well Number: 4

API No.: 15-047-20420-00-01
Permit No: E26903.2
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - SW Sec. 3 Twp. 26 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
350 feet from ☐ N / ☑ S Line of Section
2981 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	665	0	0		18
February	980	0	0		28
March	1150	0	0		31
April	1110	0	0		30
May	590	0	0		16
June	0		0		
July	411	0	0		31
August	790	0	0		31
September	590	0	0		30
October	1147	0	0		31
November	1125	0	0		30
December	1015	0	0		31
TOTAL	9573		0		

Submitted Electronically