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. US HWY 281
Address 2:
City: PRATT State: KS Zip: 67124 + 7920
Contact Person: Josh Rennaker
Phone: ( 620 ) 672-9001
Lease Name: MENISH
Well Number: 2

API No.: 15-151-21575-00-01
Permit No: E25269.1
Reporting Year: 2019
*(January 1 to December 31)*

____ - SW - SE - SE Sec. 5 Twp. 27 S. R. 14 ☐ E ☑ W
*(Q/Q/Q/Q)*
339 feet from ☐ N / ☑ S Line of Section
681 feet from ☑ E / ☐ W Line of Section
County: Pratt

**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: VIOLA
Maximum Authorized Injection Rate: 400 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 | | 0 |
| February | 0 | | 0 | | 0 |
| March | 25 | | 0 | | 1 |
| April | 385 | | 0 | | 5 |
| May | 607 | | 0 | | 8 |
| June | 691 | | 0 | | 10 |
| July | 741 | | 0 | | 11 |
| August | 395 | | 0 | | 5 |
| September | 430 | | 0 | | 5 |
| October | 390 | | 0 | | 5 |
| November | 261 | | 0 | | 6 |
| December | 285 | | 0 | | 5 |
| ***TOTAL*** | 4210 | | 0 | | |

Submitted Electronically