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: GIBSON A
Well Number: 4

API No.: 15-047-20420-00-01
Permit No: E26903.2
Reporting Year: 2019
(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	700	0	0	0	8
February	667	0	0	0	7
March	290	0	0	0	3
April	680	0	0	0	7
May	886	0	0	0	15
June	655	0	0	0	8
July	708	0	0	0	9
August	430	0	0	0	6
September	570	0	0	0	7
October	680	0	0	0	8
November	753	0	0	0	10
December	840	0	0	0	7
TOTAL	7859		0		

Submitted Electronically