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: Josh Rennaker
Phone: (620) 672-9001
Lease Name: FRENCH
Well Number: 1

API No.: 15-185-30113-00-02
Permit No: D25120.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 17 Twp. 23 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1216 feet from ☐ N / ☑ S Line of Section
4370 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: TOPEKA
Maximum Authorized Injection Rate: 500 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	47	0	0	0	31
February	44	0	0	0	29
March	47	0	0	0	31
April	6	0	0	0	4
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	12	0	0	0	8
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	156		0		

Submitted Electronically