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: STONE
Well Number: 1

API No.: 15-007-10248-00-01
Permit No: D32618.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NW Sec. 23 Twp. 32 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4944 feet from ☐ N / ☑ S Line of Section
4965 feet from ☑ E / ☐ W Line of Section
County: Barber

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: SNYDERVILLE
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	0	0	0	0	0
February	300	0	0	0	15
March	620	0	0	0	31
April	600	0	0	0	30
May	620	0	0	0	31
June	600	0	0	0	30
July	620	0	0	0	31
August	620	0	0	0	31
September	600	0	0	0	30
October	620	0	0	0	31
November	600	0	0	0	30
December	600	0	0	0	30
TOTAL	6400		0		

Submitted Electronically