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: STONE
Well Number: 1

API No.: 15-007-10248-00-01
Permit No: D32618.0
Reporting Year: 2022
*(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 | 300 | 0 | | | 15 |
| February | 440 | 0 | | | 22 |
| March | 0 | 0 | | | 0 |
| April | 360 | 0 | | | 18 |
| May | 600 | 0 | | | 30 |
| June | 600 | 0 | | | 30 |
| July | 620 | 0 | | | 31 |
| August | 320 | 0 | | | 16 |
| September | 600 | 0 | | | 30 |
| October | 620 | 0 | | | 31 |
| November | 600 | 0 | | | 30 |
| December | 620 | 0 | | | 31 |
| ***TOTAL*** | 5680 | | 0 | | |

Submitted Electronically