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: Kevin Fischer
Phone: (620) 672-9001
Lease Name: KAUFMAN
Well Number: 4

API No.: 15-167-22267-00-03
Permit No: E14595.2
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SW Sec. 33 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
333 feet from ☐ N / ☑ S Line of Section
4434 feet from ☑ E / ☐ W Line of Section
County: Russell

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: PLATTSMOUTH,CONGLOMERATE
Maximum Authorized Injection Rate: 350 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	6900	300			23
February	8400	300			28
March	9300	300			31
April	9000	300			30
May	9300	300			31
June	9000	300			30
July	8100	300			27
August	9300	300			31
September	3600	300			12
October	3000	300			10
November	4200	300			14
December	3900	300			13
TOTAL	84000		0		

Submitted Electronically