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: FERRELL
Well Number: 29

API No.: 15-015-21181-00-01
Permit No: E05287.2
Reporting Year: 2025
(January 1 to December 31)

____ - NE - SE - SW Sec. 21 Twp. 28 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
957 feet from ☐ N / ☑ S Line of Section
2881 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 900 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 600 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	1800	650			4
February	9450	650			21
March	13950	650			31
April	13500	650			30
May	10800	650			24
June	13050	650			29
July	12150	650			27
August	13950	650			31
September	12600	650			28
October	13950	650			31
November	13500	650			30
December	13950	650			31
TOTAL	142650		0		

Submitted Electronically