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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: GIBSON A
Well Number: 4

API No.: 15-047-20420-00-01
Permit No: E26903.2
Reporting Year: 2025
(January 1 to December 31)

(Q/Q/Q/Q) SE - SE - SW Sec. 3 Twp. 26 S. R. 16 ☐ E ☑ W
350 feet from ☐ N / ☑ S Line of Section
2981 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: 500 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 150 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	400	0			20
February	480	0			19
March	240	0			29
April	365	0			30
May	850	0			26
June	860	0			30
July	550	0			13
August	410	0			31
September	110	0			20
October	955	0			27
November	1245	0			30
December	1410	0			31
TOTAL	7875		0		

Submitted Electronically