

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: CHICAGO RANCH
Well Number: 1

API No.: 15-145-21194-00-00
Permit No: D24054.0
Reporting Year: 2025
(January 1 to December 31)
____ - W2 - E2 - NW Sec. 17 Twp. 23 S. R. 17 ☐ E ☒ W
(a/a/a/a)
4010 feet from ☐ N / ☒ S Line of Section
3669 feet from ☒ E / ☐ W Line of Section
County: Pawnee

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4600 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	<u>3188</u>	<u>0</u>			<u>31</u>
	February	<u>2903</u>	<u>0</u>			<u>28</u>
	March	<u>3188</u>	<u>0</u>			<u>31</u>
	April	<u>2901</u>	<u>0</u>			<u>30</u>
	May	<u>3036</u>	<u>0</u>			<u>31</u>
	June	<u>3000</u>	<u>0</u>			<u>30</u>
	July	<u>3036</u>	<u>0</u>			<u>31</u>
	August	<u>3036</u>	<u>0</u>			<u>31</u>
	September	<u>2658</u>	<u>0</u>			<u>30</u>
	October	<u>2649</u>	<u>0</u>			<u>31</u>
	November	<u>2649</u>	<u>0</u>			<u>30</u>
	December	<u>2649</u>	<u>0</u>			<u>31</u>
	TOTAL	<u>34893</u>		<u>0</u>		

Submitted Electronically