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 # 32955
Name: Kenneth & Regina Laymon, LLC
Address 1: 1998 SQUIRREL RD
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 7124
Contact Person: Regina Laymon
Phone: (620) 963-2495
Lease Name: PETERSON
Well Number: 1-D

API No.: 15-207-24251-00-00
Permit No: D26186.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SW Sec. 3 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
50 feet from ☐ N / ☑ S Line of Section
2140 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 50 psi Injection Zone: kansas city

Maximum Authorized Injection Rate: 100 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	620	50	0		31
February	560	50	0		28
March	620	50	0		31
April	600	50	0		30
May	620	50	0		31
June	600	50	0		30
July	620	50	0		31
August	620	50	0		31
September	600	50	0		30
October	620	50	0		31
November	600	50	0		30
December	620	50	0		31
TOTAL	7300		0		

Submitted Electronically