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 # 34046
Name: Laymon, Michael
Address 1: 1206 N GROVE
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Michael Laymon
Phone: (620) 496-8638
Lease Name: LUEKING
Well Number: G 44

API No.: 15-207-21437-00-03
Permit No: E19010.17
Reporting Year: 2017
(January 1 to December 31)

NW - SE - SW - NW Sec. 15 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3154 feet from ☐ N / ☑ S Line of Section
4404 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: 650 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 90 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	465	450	0		31
February	420	450	0		28
March	465	450	0		31
April	450	450	0		30
May	465	450	0		31
June	450	450	0		30
July	465	450	0		31
August	465	450	0		31
September	450	450	0		30
October	465	450	0		31
November	450	450	0		30
December	465	450	0		31
TOTAL	5475		0		

Submitted Electronically