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 # 32710
Name: Laymon Oil II, 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: COFFIELD
Well Number: 15

API No.: 15-207-21121-00-01
Permit No: E15417.7
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 16 Twp. 25 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1990 feet from ☐ N / ☑ S Line of Section
4615 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: no
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 900 psi Injection Zone: squirrel
Maximum Authorized Injection Rate: 40 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	310	400	0	0	31
February	280	400	0	0	28
March	310	400	0	0	31
April	300	400	0	0	30
May	310	400	0	0	31
June	300	400	0	0	30
July	310	400	0	0	31
August	310	400	0	0	31
September	300	400	0	0	30
October	310	400	0	0	31
November	300	400	0	0	30
December	310	400	0	0	31
TOTAL	3650		0		

Submitted Electronically