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: Mary Laymon
Phone: ( 620 ) 963-2495
Lease Name: HO KIMBELL
Well Number: 27

API No.: 15-207-27284-00-00
Permit No: E30135.4
Reporting Year: 2019
*(January 1 to December 31)*

NW - NW - NW - ____ Sec. 18 Twp. 24 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
30 feet from ☑ N / ☐ S Line of Section
560 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: 750 psi Injection Zone: mississippi
Maximum Authorized Injection Rate: 300 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 | 4030 | 450 | 0 | 0 | 31 |
| February | 2800 | 400 | 0 | 0 | 28 |
| March | 3100 | 400 | 0 | 0 | 31 |
| April | 2550 | 350 | 0 | 0 | 30 |
| May | 2635 | 350 | 0 | 0 | 31 |
| June | 2400 | 325 | 0 | 0 | 30 |
| July | 2170 | 280 | 0 | 0 | 31 |
| August | 2170 | 300 | 0 | 0 | 31 |
| September | 2100 | 300 | 0 | 0 | 30 |
| October | 2170 | 300 | 0 | 0 | 31 |
| November | 2100 | 300 | 0 | 0 | 30 |
| December | 2170 | 300 | 0 | 0 | 31 |
| ***TOTAL*** | 30395 | | 0 | | |

Submitted Electronically