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: STURDIVAN 2
Well Number: 2

API No.: 15-207-20359-00-01
Permit No: D17640.0
Reporting Year: 2019
(January 1 to December 31)

S2 - NE - SE - ____ Sec. 33 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1840 feet from ☐ N / ☑ S Line of Section
660 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: 175 psi Injection Zone: kansas city
Maximum Authorized Injection Rate: 500 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	930	100	0	0	31
February	840	100	0	0	28
March	930	100	0	0	31
April	900	100	0	0	30
May	930	100	0	0	31
June	900	100	0	0	30
July	930	100	0	0	31
August	930	100	0	0	31
September	900	100	0	0	30
October	930	100	0	0	31
November	900	100	0	0	30
December	930	100	0	0	31
TOTAL	10950		0		

Submitted Electronically