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: TOM SMITH
Well Number: 3

API No.: 15-207-21073-00-01
Permit No: E15417.13
Reporting Year: 2020
(January 1 to December 31)

SW - NE - NE - ____ Sec. 20 Twp. 25 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
900 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: 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	465	280	0	0	31
February	435	280	0	0	29
March	465	280	0	0	31
April	450	280	0	0	30
May	465	280	0	0	31
June	450	280	0	0	30
July	465	280	0	0	31
August	465	280	0	0	31
September	450	280	0	0	30
October	465	280	0	0	31
November	450	280	0	0	30
December	465	280	0	0	31
TOTAL	5490		0		

Submitted Electronically