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: COFFIELD
Well Number: 11

API No.: 15-207-20484-00-01
Permit No: E15417.4
Reporting Year: 2020
(January 1 to December 31)

SW - SW - SW - ____ Sec. 16 Twp. 25 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
618 feet from ☐ N / ☑ S Line of Section
5016 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	775	200	0	0	31
February	725	200	0	0	29
March	775	200	0	0	31
April	750	200	0	0	30
May	775	200	0	0	31
June	750	200	0	0	30
July	775	200	0	0	31
August	775	200	0	0	31
September	750	200	0	0	30
October	775	200	0	0	31
November	750	200	0	0	30
December	775	200	0	0	31
TOTAL	9150		0		

Submitted Electronically