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: ARNOLD
Well Number: 5

API No.: 15-207-19818-00-02
Permit No: E31829.4
Reporting Year: 2020
(January 1 to December 31)

SE - SW - NE - ____ Sec. 35 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
1740 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	1240	400	0	0	31
February	1160	400	0	0	29
March	1240	400	0	0	31
April	1200	400	0	0	30
May	1240	400	0	0	31
June	1200	400	0	0	30
July	1240	400	0	0	31
August	1240	400	0	0	31
September	1200	400	0	0	30
October	1240	400	0	0	31
November	1200	400	0	0	30
December	1240	400	0	0	31
TOTAL	14640		0		

Submitted Electronically