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: ROBISON
Well Number: 1SWD

API No.: 15-207-29243-00-00
Permit No: D32246.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - NE - SE Sec. 29 Twp. 23 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
1341 feet from ☐ N / ☑ S Line of Section
929 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: 500 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 200 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 | 0 | 0 | 0 | 0 | 0 |
| February | 189 | 200 | 0 | 0 | 28 |
| March | 191 | 200 | 0 | 0 | 31 |
| April | 194 | 200 | 0 | 0 | 30 |
| May | 200 | 200 | 0 | 0 | 31 |
| June | 198 | 200 | 0 | 0 | 30 |
| July | 197 | 200 | 0 | 0 | 31 |
| August | 201 | 200 | 0 | 0 | 31 |
| September | 189 | 200 | 0 | 0 | 30 |
| October | 198 | 200 | 0 | 0 | 31 |
| November | 192 | 200 | 0 | 0 | 30 |
| December | 199 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 2148 | | 0 | | |

Submitted Electronically