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: KIMBLE
Well Number: 1 D

API No.: 15-207-02186-00-01
Permit No: D06021.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - NW - NW - SW Sec. 18 Twp. 24 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
2303 feet from ☐ N / ☑ S Line of Section
4745 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: 300 psi Injection Zone: Kansas City
Maximum Authorized Injection Rate: 125 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 | 0 | 0 | 0 | 0 | 0 |
| March | 0 | 0 | 0 | 0 | 0 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 800 | 0 | 0 | 0 | 20 |
| July | 1240 | 0 | 0 | 0 | 31 |
| August | 1240 | 0 | 0 | 0 | 31 |
| September | 1200 | 0 | 0 | 0 | 30 |
| October | 1240 | 0 | 0 | 0 | 31 |
| November | 1200 | 0 | 0 | 0 | 30 |
| December | 1240 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 8160 | | 0 | | |

Submitted Electronically