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 # 34046
Name: Laymon, Michael
Address 1: 1206 N GROVE ST
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 1179
Contact Person: Michael Laymon
Phone: (620) 496-8638
Lease Name: LUEKING
Well Number: 4-11

API No.: 15-207-28002-00-01
Permit No: E19010.24
Reporting Year: 2021
(January 1 to December 31)

SW - SW - SE - NW Sec. 15 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2825 feet from ☐ N / ☑ S Line of Section
3755 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: 650 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 90 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	0	0	0	26
February	1120	400	0	0	28
March	1085	400	0	0	31
April	1050	400	0	0	30
May	1085	400	0	0	31
June	1050	400	0	0	30
July	1085	400	0	0	31
August	1085	400	0	0	31
September	1050	400	0	0	30
October	1085	400	0	0	31
November	1050	400	0	0	30
December	1085	400	0	0	31
TOTAL	13070		0		

Submitted Electronically