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: 20

API No.: 15-207-25708-00-02
Permit No: E29065.3
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SE Sec. 29 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
616 feet from ☐ N / ☑ S Line of Section
1459 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: 400 psi Injection Zone: Squirrel

Maximum Authorized Injection Rate: 600 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	3298	230	0	0	31
February	3905	230	0	0	28
March	4182	230	0	0	31
April	4827	230	0	0	30
May	4301	230	0	0	31
June	4548	230	0	0	30
July	3935	230	0	0	31
August	3005	230	0	0	31
September	3033	230	0	0	30
October	3556	230	0	0	31
November	3440	30	0	0	30
December	3453	230	0	0	31
TOTAL	45483		0		

Submitted Electronically