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) 363-1945
Lease Name: ARNOLD
Well Number: 4I-HP

API No.: 15-207-28696-00-00
Permit No: E31829.10
Reporting Year: 2025
(January 1 to December 31)

____ - SW - NW - NE Sec. 35 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4007 feet from ☐ N / ☑ S Line of Section
2038 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	2170	400	0	0	31
February	1540	400	0	0	22
March	2170	400	0	0	31
April	2100	400	0	0	30
May	2170	400	0	0	31
June	2100	400	0	0	30
July	2170	400	0	0	31
August	2170	400	0	0	31
September	2100	400	0	0	30
October	2170	400	0	0	31
November	1120	400	0	0	16
December	0	0	0	0	0
TOTAL	21980		0		

Submitted Electronically