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 # 9067
Name: DaMar Resources, Inc.
Address 1: 234 W 11TH STE A
Address 2: PO BOX 70
City: HAYS State: KS Zip: 67601 + 3805
Contact Person: Curtis Longpine
Phone: ( 785 ) 625-0020
Lease Name: MONTGOMERY
Well Number: 1

API No.: 15-065-20868-00-01
Permit No: D28179.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - SW - NE Sec. 2 Twp. 8 S. R. 23 ☐ E ☑ W
*(Q/Q/Q/Q)*
999 feet from ☐ N / ☑ S Line of Section
4382 feet from ☑ E / ☐ W Line of Section
County: Graham

**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: 0 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 400 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 | 1143 | 0 | 0 | | 31 |
| February | 1073 | 0 | 0 | | 28 |
| March | 1147 | 0 | 0 | | 31 |
| April | 1110 | 0 | 0 | | 30 |
| May | 1147 | 0 | 0 | | 31 |
| June | 1110 | 0 | 0 | | 30 |
| July | 1147 | 0 | 0 | | 31 |
| August | 1147 | 0 | 0 | | 31 |
| September | 1110 | 0 | 0 | | 30 |
| October | 1147 | 0 | 0 | | 31 |
| November | 1110 | 0 | 0 | | 30 |
| December | 1147 | 0 | 0 | | 31 |
| ***TOTAL*** | 13538 | | 0 | | |

Submitted Electronically