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 + 0070
Contact Person: Cynthia Messeck
Phone: (785) 625-0020
Lease Name: TRANSUE 1
Well Number: SWD 1

API No.: 15-179-20457-00-01
Permit No: D19061.0
Reporting Year: 2021
(January 1 to December 31)

E2 - W2 - NE - SE Sec. 18 Twp. 9 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
1990 feet from ☐ N / ☑ S Line of Section
748 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: 330 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	651	0	0	0	31
February	441	0	0	0	28
March	651	0	0	0	31
April	630	0	0	0	30
May	651	0	0	0	31
June	630	0	0	0	30
July	651	0	0	0	31
August	651	0	0	0	31
September	810	0	0	0	30
October	837	0	0	0	31
November	810	0	0	0	30
December	651	0	0	0	31
TOTAL	8064		0		

Submitted Electronically