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: MONTGOMERY
Well Number: 1

API No.: 15-065-20868-00-01
Permit No: D28179.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SW - SW 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	126	0	0	0	31
February	0	0	0	0	28
March	31	0	0	0	31
April	30	0	0	0	30
May	31	0	0	0	31
June	30	0	0	0	30
July	31	0	0	0	31
August	31	0	0	0	31
September	30	0	0	0	30
October	31	0	0	0	31
November	30	0	0	0	30
December	31	0	0	0	31
TOTAL	432		0		

Submitted Electronically