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: CATHERINE POOL (DREILING B)
Well Number: 3

API No.: 15-051-04161-00-01
Permit No: D02257.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NW - SE Sec. 21 Twp. 13 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2347 feet from ☐ N / ☑ S Line of Section
1750 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 10000 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	46428	0	0	0	31
February	45250	0	0	0	28
March	47818	0	0	0	31
April	47136	0	0	0	30
May	48973	0	0	0	31
June	46286	0	0	0	30
July	47663	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	329554		0		

Submitted Electronically