

Form U3C
June 2015
Form must be Typed
Form must be completed
on a per well basis

API No.: _____

Permit No.: _____

Reporting Year: _____

(January 1 to December 31)

_____-_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W
(a/a/a/a)

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

County: _____

Submitted Electronically

Summary of Changes

Lease Name and Number: A A WIESNER (WALTERS) 3

Doc ID: 1660982

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/08/2022	08/17/2022
Maximum Fluid Pressure, April	500	0
Maximum Fluid Pressure, August	500	0
Maximum Fluid Pressure, December	500	0
Maximum Fluid Pressure, February	500	0
Maximum Fluid Pressure, January	500	0
Maximum Fluid Pressure, July	500	0
Maximum Fluid Pressure, June	500	0
Maximum Fluid Pressure, March	500	0
Maximum Fluid Pressure, May	500	0
Maximum Fluid Pressure, November	500	0
Maximum Fluid Pressure, October	500	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	500	0