

Form must be Typed
Form must be completed
on a per well basis

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

I. Injection Fluid:

II. Well Data:

Submitted Electronically

Summary of Changes

Lease Name and Number: ALLEN KEPHART 2-SWD

Doc ID: 1661770

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/13/2022	08/23/2022
Maximum Fluid Pressure, February	50	0