

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: _____

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January					
	February					
	March					
	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL					

Submitted Electronically

Summary of Changes

Lease Name and Number: EASTBURN 8-A

New Doc ID: 1761945

Parent Doc ID: 1760588

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/26/2024	02/27/2024
Flagged	Yes	No