

Form U3C
June 2015
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.

OPERATOR: License # _____	API No.: _____
Name: _____	Permit No: _____
Address 1: _____	Reporting Year: _____
Address 2: _____	(January 1 to December 31)
City: _____ State: _____ Zip: _____ + _____	_____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W
Contact Person: _____	(a/a/a/a) _____ feet from ☐ N / ☐ S Line of Section
Phone: (_____) _____	_____ feet from ☐ E / ☐ W Line of Section
Lease Name: _____	County: _____
Well Number: _____	

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: _____ psi Injection Zone: _____

Maximum Authorized Injection Rate: _____ 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					
	February					
	March					
	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL					

Submitted Electronically

Summary of Changes

Lease Name and Number: SMITH 2

New Doc ID: 1825097

Parent Doc ID: 1825087

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/18/2025	02/19/2025
Maximum Fluid Pressure, April	0	225
Maximum Fluid Pressure, August	0	225
Maximum Fluid Pressure, December	0	225
Maximum Fluid Pressure, February	0	225
Maximum Fluid Pressure, January	0	225
Maximum Fluid Pressure, July	0	225
Maximum Fluid Pressure, June	0	225
Maximum Fluid Pressure, March	0	225
Maximum Fluid Pressure, May	0	225
Maximum Fluid Pressure, November	0	225

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	0	225
Maximum Fluid Pressure, September	0	225
Maximum Gas Pressure, April	225	
Maximum Gas Pressure, August	225	
Maximum Gas Pressure, December	225	
Maximum Gas Pressure, February	225	
Maximum Gas Pressure, January	225	
Maximum Gas Pressure, July	225	
Maximum Gas Pressure, June	225	
Maximum Gas Pressure, March	225	
Maximum Gas Pressure, May	225	
Maximum Gas Pressure, November	225	
Maximum Gas Pressure, October	225	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Gas Pressure, September	225	