

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: CHANDLERPOOL 2

New Doc ID: 1912351

Parent Doc ID: 1904215

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/09/2026	03/18/2026
Total BBL Injected	0	2383925
Total BBL Injected in April	0	181748
Total BBL Injected in August	0	203895
Total BBL Injected in December	0	200458
Total BBL Injected in February	0	187440
Total BBL Injected in January	0	213870
Total BBL Injected in July	0	180387
Total BBL Injected in June	0	194631
Total BBL Injected in March	0	189388
Total BBL Injected in May	0	192214

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	0	204740
Total BBL Injected in October	0	219594
Total BBL Injected in September	0	215560