

# State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

Document Number:

401690727

Date Received:

## SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c.(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

### OPERATOR INFORMATION

OGCC Operator Number: 710

Name of Operator: AEON ENERGY CORP

Address: 2600 SOUTH LEWIS WAY #102

City: LAKEWOOD State: CO Zip: 80227

Contact Name and Telephone:

Name: BARRY SNYDER

Phone: (303) 922-0590 Fax: (303) 239-0590

Email: aeonco@aol.com

### DISPOSAL FACILITY INFORMATION

UIC Facility ID: 159190

Operator's Disposal Facility Name: SEDGWICK DISPOSAL WELL

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 1 Twp: 11N Range: 47W Meridian: 6

County: SEDGWICK

### SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

### SOURCE OF PRODUCED WATER

Add Source	API Number: 05-115-05045-00	Well Name & No: PRATT 1R
<input checked="" type="checkbox"/>	Operator Name: AEON ENERGY CORP	Operator No: 710
Delete Source	Location: QtrQtr: SESE Section: 1 Township: 11N Range: 47W Meridian: 6	
<input type="checkbox"/>	Producing Formation: NBRR Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: mg/L	
Add Source	API Number: 05-115-06032-00	Well Name & No: PRATT 1-1
<input checked="" type="checkbox"/>	Operator Name: AEON ENERGY CORP	Operator No: 710
Delete Source	Location: QtrQtr: NWSE Section: 1 Township: 11N Range: 47W Meridian: 6	
<input type="checkbox"/>	Producing Formation: NBRR Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: mg/L	
Add Source	API Number: 05-115-06058-00	Well Name & No: HV RANCH CO 34-1
<input checked="" type="checkbox"/>	Operator Name: AEON ENERGY CORP	Operator No: 710
Delete Source	Location: QtrQtr: SWSE Section: 1 Township: 11N Range: 47W Meridian: 6	
<input type="checkbox"/>	Producing Formation: NBRR Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: mg/L	
Add Source	API Number: 05-115-06065-00	Well Name & No: KATHI J 43-1
<input checked="" type="checkbox"/>	Operator Name: AEON ENERGY CORP	Operator No: 710
Delete Source	Location: QtrQtr: NESE Section: 1 Township: 11N Range: 47W Meridian: 6	
<input type="checkbox"/>	Producing Formation: NBRR Analysis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: 28155 mg/L	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: BARRY SNYDER Signed: \_\_\_\_\_

Title: PRESIDENT Date: \_\_\_\_\_

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
401690843	WATER ANALYSIS
401690850	WATER ANALYSIS

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)