State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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.

FOR OGCC USE ONLY

Document Number:

402310785

Date Received:

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 [X]	API Number: 05-115-05045-00 Well Name & No: PRATT 1R
	Operator Name: AEON ENERGY CORP Operator No: 710
Delete Source [ ]	Location: QtrQtr: SESE Section: 1 Township: 11N Range: 47W Meridian: 6
	Producing Formation: NBRR Analysis Attached? [ ] Yes [X] No
	Transported to disposal site via [X] Pipeline [ ] Truck [ ] Both TDS: _____ mg/L

Add Source [X]	API Number: 05-115-06032-00 Well Name & No: PRATT 1-1
	Operator Name: AEON ENERGY CORP Operator No: 710
Delete Source [ ]	Location: QtrQtr: NWSE Section: 1 Township: 11N Range: 47W Meridian: 6
	Producing Formation: NBRR Analysis Attached? [ ] Yes [X] No
	Transported to disposal site via [X] Pipeline [ ] Truck [ ] Both TDS: _____ mg/L

Add Source [X]	API Number: 05-115-06058-00 Well Name & No: HV RANCH CO 34-1
	Operator Name: AEON ENERGY CORP Operator No: 710
Delete Source [ ]	Location: QtrQtr: SWSE Section: 1 Township: 11N Range: 47W Meridian: 6
	Producing Formation: NBRR Analysis Attached? [ ] Yes [X] No
	Transported to disposal site via [X] Pipeline [ ] Truck [ ] Both TDS: _____ mg/L

Add Source [X]	API Number: 05-115-06065-00 Well Name & No: KATHI J 43-1
	Operator Name: AEON ENERGY CORP Operator No: 710
Delete Source [ ]	Location: QtrQtr: NESE Section: 1 Township: 11N Range: 47W Meridian: 6
	Producing Formation: NBRR Analysis Attached? [ ] Yes [X] No
	Transported to disposal site via [X] Pipeline [ ] Truck [ ] Both TDS: _____ 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:

COA Type   **Description**

Attachment Check List

Att Doc Num   **Name**

Total Attach: 0 Files

General Comments

User Group	**Comment**	**Comment Date**
		Stamp Upon Approval

Total: 0 comment(s)