

**State of Colorado
Energy & Carbon Management Commission**

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



ECMC RECEPTION

Receive Date:
05/21/2024

Document Number:
403797865

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10508</u>	Contact Name and Telephone:
Name of Operator: <u>SELECT WATER SOLUTIONS LLC</u>	Name: <u>Jennifer Michael</u>
Address: <u>12515 CARRIAGE WAY</u>	Phone: <u>(740) 877-8632</u> Fax: <u>()</u>
City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73142</u>	Email: <u>jmichael@selectwater.com</u>

OPERATOR COMMENTS AND SUBMITTAL

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

Signed: _____ Print Name: Jennifer Michael

Title: Regulatory Compliance Date: 5/21/2024 Email: jmichael@selectwater.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2024				
1	123-30367-00	LSWD #1	DJINJ	SI
2	123-39484-00	WEITZEL 1	ADMI	TA

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

ATTACHMENT LIST

Att Doc Num **Name**

403797866	Imported Data
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)