

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:

02/12/2020

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: <u>710</u>	Contact Name and Telephone:
Name of Operator: <u>AEON ENERGY CORP</u>	Name: <u>Barry Snyder</u>
Address: <u>2600 SOUTH LEWIS WAY #102</u>	Phone: <u>(303) 922-0590</u> Fax: <u>(303) 239-0590</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80227</u>	Email: <u>aeonco@aol.com</u>

DISPOSAL FACILITY INFORMATION

UIC Facility ID: <u>159190</u>	Operator's Disposal Facility Name: <u>SEDGWICK DISPOSAL WELL</u>	Operator's Disposal Facility Number: _____
Location: QtrQtr: <u>SWNE</u> Sec: <u>1</u> Twp: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>		
County: <u>SEDGWICK</u>		

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 4 Deleted: 0 Added: 4

SOURCE OF PRODUCED WATER

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-115-05045-00</u> Well Name & No: <u>PRATT 1R</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>AEON ENERGY CORP</u> Operator No: <u>710</u>
	Location: QtrQtr: <u>SESE</u> Section: <u>1</u> Township: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>
	Producing Formation: <u>NBRR</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-115-06032-00</u> Well Name & No: <u>PRATT 1-1</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>AEON ENERGY CORP</u> Operator No: <u>710</u>
	Location: QtrQtr: <u>NWSE</u> Section: <u>1</u> Township: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>
	Producing Formation: <u>NBRR</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-115-06058-00</u> Well Name & No: <u>HV RANCH CO 34-1</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>AEON ENERGY CORP</u> Operator No: <u>710</u>
	Location: QtrQtr: <u>SWSE</u> Section: <u>1</u> Township: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>
	Producing Formation: <u>NBRR</u> 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 <input checked="" type="checkbox"/>	API Number: <u>05-115-06065-00</u> Well Name & No: <u>KATHI J 43-1</u>
Delete Source <input type="checkbox"/>	Operator Name: <u>AEON ENERGY CORP</u> Operator No: <u>710</u>
	Location: QtrQtr: <u>NESE</u> Section: <u>1</u> Township: <u>11N</u> Range: <u>47W</u> Meridian: <u>6</u>
	Producing Formation: <u>NBRR</u> 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

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: 02/12/2020

COGCC Approved: 

Date: 10/19/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

0 COA	

Attachment List

Att Doc Num

Name

402310785	FORM 26 SUBMITTED
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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)