

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> Name of Operator: <u>AEON ENERGY CORP</u> Address: <u>2600 SOUTH LEWIS WAY #102</u> City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80227</u>	Contact Name and Telephone: Name: <u>Barry Snyder</u> Phone: <u>(303) 922-0590</u> Fax: <u>(303) 239-0590</u> Email: <u>aeonco@aol.com</u>
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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>		
		Operator Name: <u>AEON ENERGY CORP</u>	Operator No: <u>710</u>		
Delete Source	<input type="checkbox"/>	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>		
		Operator Name: <u>AEON ENERGY CORP</u>	Operator No: <u>710</u>		
Delete Source	<input type="checkbox"/>	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>		
		Operator Name: <u>AEON ENERGY CORP</u>	Operator No: <u>710</u>		
Delete Source	<input type="checkbox"/>	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>		
		Operator Name: <u>AEON ENERGY CORP</u>	Operator No: <u>710</u>		
Delete Source	<input type="checkbox"/>	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:

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402310785	FORM 26 SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)