



## Form 3E - Per Well Surface Designation

### Summary Information Overview

Form Name: **Form 3E - Per Well Surface Designation**  
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### Operator Information

Operator Number: **385**  
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Operator State: **CO**  
Operator Zip: **80222**  
First Name: **Adam**  
Last Name: **Heeley**  
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### Per Well Surface Designation

Well Designations:

Facility ID	API Number	Designation
208703	05-027-06001	Non-Irrigated
209959	05-043-06037	Non-Irrigated
209960	05-043-06038	Irrigated
209965	05-043-06043	Irrigated
210063	05-043-06218	Irrigated

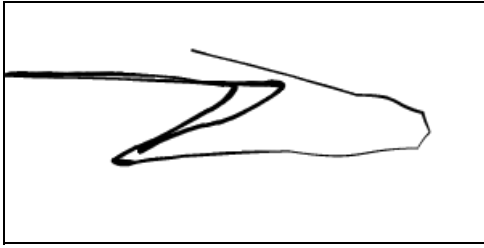
### Signature and Certification

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

Operator Comments:  
Name: **Adam Heeley**  
Title: **OIT Developer**  
Email: **adam.heeley@state.co.us**

Phone: (719) 867-5309

Signature:

A handwritten signature in black ink, enclosed in a rectangular box. The signature is stylized and appears to be a cursive name.

## Associated Documents

402172338 - FORM 3E SUBMITTED

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