



Form 3E - Per Well Surface Designation

Summary Information Overview

Form Name: **Form 3E - Per Well Surface Designation**
Document Number: **402172368**
Date Submitted: **7/22/2024**

Operator Information

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First Name: **Ian**
Last Name: **arst**
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SUBMITTED

Per Well Surface Designation

Well Designations:

Facility ID	API Number	Designation
208703	05-027-06001	Irrigated
209959	05-043-06037	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: **asdf**
Name: **asdf**
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Signature:



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