



## Form 3E - Per Well Surface Designation

### Summary Information Overview

Form Name: **Form 3E - Per Well Surface Designation**  
Document Number: **402172399**  
Date Submitted: **7/29/2024**  
Date Approved: **7/29/2024**

### Operator Information

Operator Number: **1810**  
Operator Name: **AMERICAN COMETRA INC**  
Operator Address: **500 THROCKMORTON ST SUITE 2500**  
Operator City: **FORT WORTH**  
Operator State: **TX**  
Operator Zip: **76102**  
First Name: **Jennifer**  
Last Name: **Brainard**  
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### Per Well Surface Designation

*Well Designations:*

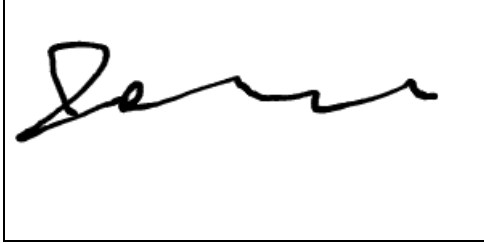
Facility ID	API Number	Designation
228309	05-103-05140	Non-Irrigated
229816	05-103-07473	Irrigated
230035	05-103-07694	Irrigated

### 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: **test test test**  
Name: **Jen brainard**  
Title: **Application Development Coordinator**  
Email: **jennifer.brainard@state.co.us**  
Phone: **(303) 123-1234**

Signature:

A handwritten signature in black ink, appearing to be 'Jared S. Polis', enclosed in a black rectangular box.

## Associated Documents

402172400 - FORM 3E SUBMITTED

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