



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name:	Form 7 - Monthly Report of Operation
Document Number:	404277589
Date Submitted:	7/14/2025
Date Approved:	7/19/2025

Operator Information

Operator Number: **10508**
Operator Name: **SELECT WATER SOLUTIONS LLC**
Operator Address: **12515 CARRIAGE WAY ATTN: KIM HENDERSON**
Operator City: **OKLAHOMA CITY**
Operator State: **OK**
Operator Zip: **73142**
First Name: **Jennifer**
Last Name: **Michael**
Contact Phone: **(740) 877-8632**
Contact Email: **jmichael@selectwater.com**

Monthly Report of Operation

Well Status & Production Provided: ☒
Produced Water Provided: ☐
Deep Geothermal Provided: ☐

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: **Jennifer Michael**
Title: **Regulatory Compliance**
Email: **jmichael@selectwater.com**
Phone: **(740) 877-8632**
Signature:

Jennifer Michael

Associated Documents

404277590 - FORM 7 IMPORTED WELL STATUS PRODUCTION
404277591 - FORM 7 SUBMITTED

General Comments

User Group	Comment	Comment Date
Approval	If Water TBG (PSIG) and Water CSG (PSIG) are 0 then the field must be left blank or the water there must be a injected water volume. I corrected.	07/19/2025

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

