



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404380394**  
Date Submitted: **10/6/2025**  
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### 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

404380396 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404380397 - FORM 7 SUBMITTED

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