



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
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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

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/ecmc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

