



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404493631**  
Date Submitted: **1/5/2026**

### 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

SUBMITTED

### 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

404493633 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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