

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

**07/15/2015**

Document Number:

**400868930**

**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFO**

OGCC Operator Number: <u>10322</u>	Contact Name and Telephone:
Name of Operator: <u>EAST CHEYENNE GAS STORAGE LLC</u>	Name: <u>JENNIFER OLSON</u>
Address: <u>999 18TH STREET #925 NORTH</u>	Phone: <u>(713) 403-6471</u> Fax: <u>(713) 453-2941</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>CRYSTAL.SANTOVENA@STATE.CO.US</u>

**OPERATOR COMMENTS AND SUBMITTAL**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: JENNIFER OLSON

Title: CONTROLLER Date: 7/15/2015 Email: CRYSTAL.SANTOVENA@STA

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 12 Approved: 12 Modified: 0 Deleted: 0

Total 12 Approved

No	API #	Well Name	Formation Code	Well Status
<b>Report Month: 01/2015</b>				
1	075-07131-00	JORRITSMA NO 7	JSND	PR
2	075-40122-00	GAYLORD NO 2	JSND	SI
<b>Report Month: 02/2015</b>				
3	075-07131-00	JORRITSMA NO 7	JSND	PR
4	075-40122-00	GAYLORD NO 2	JSND	SI
<b>Report Month: 03/2015</b>				
5	075-07131-00	JORRITSMA NO 7	JSND	PR
6	075-40122-00	GAYLORD NO 2	JSND	SI
<b>Report Month: 04/2015</b>				
7	075-07131-00	JORRITSMA NO 7	JSND	PR
8	075-40122-00	GAYLORD NO 2	JSND	SI
<b>Report Month: 05/2015</b>				
9	075-07131-00	JORRITSMA NO 7	JSND	PR
10	075-40122-00	GAYLORD NO 2	JSND	SI
<b>Report Month: 06/2015</b>				
11	075-07131-00	JORRITSMA NO 7	JSND	PR
12	075-40122-00	GAYLORD NO 2	JSND	SI

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

## Attachment Check List

**Att Doc Num**      **Name**

400868930	MONTHLY REPORT OF OPERATIONS
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)