



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10539</u>	Contact Name and Telephone:
Name of Operator: <u>SWEVCO - SABW LLC</u>	Name: <u>KELLIE DIFFENDAFFER</u>
Address: <u>2154 WEST EISENHOWER BLVD</u>	Phone: <u>(970) 6697411</u> Fax: <u>()</u>
City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537-</u>	Email: <u>CORY.ESSEX@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: KELLIE DIFFENDAFFER

Title: AGENT Date: 8/24/2015 Email: CORY.ESSEX@STATE.CO.US

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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	077-08198-00	GOVERNMENT 31-1	MRSN	PR
2	077-08198-00	GOVERNMENT 31-1	DKTA	PR
3	077-08173-00	GOVERNMENT 1	MRSN	PR
4	077-08173-00	GOVERNMENT 1	SLTW	PR
5	077-08173-00	GOVERNMENT 1	BCKHN	PR
6	077-08173-00	GOVERNMENT 1	DKTA	PR
7	045-12972-00	TOPAZ 8104-14D	MRSN	PR
8	045-12972-00	TOPAZ 8104-14D	DKTA	PR

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**

400889115	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)