



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>98220</u>	Contact Name and Telephone:
Name of Operator: <u>YOUNG GAS STORAGE COMPANY LTD</u>	Name: <u>KIMBERLY MORGAN</u>
Address: <u>P O BOX 1087</u>	Phone: <u>(303) 8942100</u> Fax: <u>()</u>
City: <u>COLORADO SPGS</u> State: <u>CO</u> Zip: <u>80944</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: KIMBERLY MORGAN
Title: AGENT Date: 8/25/2015 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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	087-07176-00	YOUNG #11	DSND	IJ
2	087-08062-00	YOUNG #31 SWD	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**

400889762	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)