



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10469</u>	Contact Name and Telephone:
Name of Operator: <u>ENERGY INVESTMENTS INC</u>	Name: <u>LAURIE HALL</u>
Address: <u>1616 17TH STREET #367</u>	Phone: <u>(303) 969-9610</u> Fax: <u>(303) 969-9644</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>laurie@energyop.com</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: LAURIE HALL
 Title: AGENT Date: 9/1/2015 Email: laurie@energyop.com

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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	107-06222-00	WOLF MOUNTAIN 15-2-7-87	NBRR	PR
2	107-06051-00	TOW CREEK 13-11	NBRR	PR
3	107-06138-00	WOLF MOUNTAIN 15-3-7-87	NBRR	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**

400894108	Monthly Report Of Operations
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)