



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10322</u>	Contact Name and Telephone:
Name of Operator: <u>EAST CHEYENNE GAS STORAGE LLC</u>	Name: <u>JAMES HOFF</u>
Address: <u>1125 17TH STREET SUITE 2400</u>	Phone: <u>(713) 403-6467</u> Fax: <u>(713) 255-8963</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jhoff@mehllc.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: JAMES HOFF

Title: VP Reservoir Engineering Date: 9/9/2015 Email: jhoff@mehllc.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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	075-07167-00	SCHWAKE A-1	OSND	IJ
2	075-09407-00	ECGS #6-20J WPW003	JSND	IJ

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**

400897238	Monthly Report Of Operations
-----------	------------------------------

Total Attach: 1 Files

General Comments

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

--	--	--

Total: 0 comment(s)