



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>74650</u>	Contact Name and Telephone:
Name of Operator: <u>RIM OPERATING, INC</u>	Name: <u>JB HOLCOMB</u>
Address: <u>5 INVERNESS DRIVE EAST</u>	Phone: <u>(303) 8942100</u> Fax: <u>( )</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</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: JB HOLCOMB  
Title: AGENT Date: 9/18/2015 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: 9 Approved: 9 Modified: 0 Deleted: 0

Total 9 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	083-06467-00	ROADRUNNER 14-14	ISMY	SI
2	083-06405-00	ROADRUNNER 14-24	ISMY	SI
3	083-06399-00	ROADRUNNER 14-13	ISMY	SI
4	083-06416-00	BOBCAT 13-13	ISMY	PR
5	083-06419-00	ROADRUNNER 23-31	ISMY	SI
6	083-06421-00	UTE TRIBAL 11-15	LISMY	SI
7	083-06424-00	UTE TRIBAL 5-15	LISMY	SI
8	083-06490-00	UTE TRIBAL 16-22	ISMY	SI
9	083-06332-00	SENTINEL 8-32	ISMY	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**

400902027	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)