



**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 EZELL</u>                 |
| Address: <u>P O BOX 1087</u>                                  | Phone: <u>(719) 5204521</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 EZELL  
Title: AGENT Date: 9/21/2015 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: 08/2015 |              |               |                |             |
| 1                     | 087-07176-00 | YOUNG #11     | DSND           | IJ          |
| 2                     | 087-08062-00 | YOUNG #31 SWD | 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**

400902517

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)