



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10580</u>	Contact Name and Telephone:
Name of Operator: <u>EXPEDITION WATER SOLUTIONS COLORADO LLC</u>	Name: <u>Ruth Goddard</u>
Address: <u>1023 39TH AVENUE SUITE E</u>	Phone: <u>(970) 515-6950</u> Fax: <u>()</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>	Email: <u>rgoddard@expedition-water.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: Ruth Goddard
Title: Consultant Date: 9/21/2015 Email: rgoddard@expedition-

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

This was submitted to Bob Koehler previously.

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	123-39770-00	EWS 1	DJINJ	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

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)