

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

09/18/2015

Document Number:

2209473

## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

|  |  |
|--|--|
| OGCC Operator Number: <u>10381</u>                         | Contact Name and Telephone:                  |
| Name of Operator: <u>TIDAL WAVE ENERGY INC</u>             | Name: <u>JOSEF KNEISL</u>                    |
| Address: <u>479 KINGSWOORD DRIVE</u>                       | Phone: <u>(724) 494-5875</u> Fax: <u>( )</u> |
| City: <u>NEW CASTLE</u> State: <u>PA</u> Zip: <u>16105</u> | Email: <u>NOMAIL@GMAIL.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: JOSEF KNEISLTitle: PRESIDENT Date: 9/17/2015 Email: NOMAIL@GMAIL.COMBy 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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

| No                    | API #        | Well Name           | Formation Code | Well Status |
|-----------------------|--------------|---------------------|----------------|-------------|
| Report Month: 07/2015 |              |                     |                |             |
| 1                     | 123-07364-00 | DOLAN RANCHES 13-27 | JSND           | PR          |

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

2209473

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)