



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) 520-4521</u> Fax: <u>()</u> |
| City: <u>COLORADO SPGS</u> State: <u>CO</u> Zip: <u>80944</u> | Email: <u>kimberly_ezell@kindermorgan.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: Kimberly Ezell
Title: Ops Analyst II Date: 10/16/2015 Email: kimberly_ezell@kindermorgan.

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 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------|----------------|-------------|
| Report Month: 09/2015 | | | | |
| 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

400919463

Monthly Report Of Operations

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)