



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

|                                                           |                                      |
|-----------------------------------------------------------|--------------------------------------|
| OGCC Operator Number: 10580                               | Contact Name and Telephone:          |
| Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLC | Name: Ruth Goddard                   |
| Address: 1023 39TH AVENUE SUITE E                         | Phone: (970) 515-6950 Fax: ( )       |
| City: GREELEY State: CO Zip: 80634                        | Email: rgoddard@expedition-water.com |

## 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: 10/16/2015 Email: rgoddard@expedition-

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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

| No                    | API #        | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 05/2015 |              |           |                |             |
| 1                     | 123-37120-00 | EWS 3     | 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**

|  |  |
|--|--|
|  |  |
|--|--|

Total Attach: 0 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)