



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: <u>95960</u> | Contact Name and Telephone: |
| Name of Operator: <u>WEXPRO COMPANY</u> | Name: <u>JASON MATERN</u> |
| Address: <u>P O BOX 45003</u> | Phone: <u>(801) 3242637</u> Fax: <u>()</u> |
| City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-0601</u> | Email: <u>Jason.Matern@questar.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: JASON MATERN
 Title: ACCOUNTING Date: 10/21/2015 Email: Jason.Matern@questar.com

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 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------------|----------------|-------------|
| Report Month: 07/2015 | | | | |
| 1 | 081-05704-00 | STATE OF COLORADO 2 | FTUN | PA |

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

| | |
|-----------|------------------------------|
| 400922436 | Form 07 SUBMITTED |
| 400922445 | Monthly Report Of Operations |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)