



**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: 10/28/2015 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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2015				
1	123-37808-00	EWS 2	DJINJ	IJ
Report Month: 06/2015				
2	123-37808-00	EWS 2	DJINJ	IJ
Report Month: 07/2015				
3	123-37808-00	EWS 2	DJINJ	IJ
Report Month: 08/2015				
4	123-37808-00	EWS 2	DJINJ	IJ
Report Month: 09/2015				
5	123-37808-00	EWS 2	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**

400923993	Form 07 SUBMITTED
400923996	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)