



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10450</u>	Contact Name and Telephone:
Name of Operator: <u>EE3 LLC</u>	Name: <u>Ruth Hartshorn</u>
Address: <u>4410 ARAPAHOE AVENUE #100</u>	Phone: <u>(303) 444-8881</u> Fax: <u>(303) 417-1000</u>
City: <u>BOULDER</u> State: <u>CO</u> Zip: <u>80303</u>	Email: <u>rhartshorn@ee3llc.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 Hartshorn
Title: Business Manager Date: 11/21/2015 Email: rhartshorn@ee3llc.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

Per error report from Document #400937162 this Form 7 corrects API# for Mutual #04-30H well.
Thanks

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: 09/2015				
1	057-06488-00	MUTUAL 04-30H	NBRR	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

400941114	Form 07 SUBMITTED
400941115	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)