



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

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|--|---|
| OGCC Operator Number: 30658 | Contact Name and Telephone: |
| Name of Operator: FOUNTAINHEAD RESOURCES LTD | Name: Lori Craver |
| Address: P O BOX 641 | Phone: (303) 488-9983 Fax: (303) 730-2113 |
| City: LITTLETON State: CO Zip: 80160-0641 | Email: lori@fountainheadresources.net |

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: Lori Craver

Title: ACCOUNTANT Date: 12/7/2015 Email: lori@fountainheadresources.net

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: 8 In Process: 8 Modified: 0 Deleted: 0

Total 8 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------------------|----------------|-------------|
| Report Month: 08/2015 | | | | |
| 1 | 123-11928-00 | LITTLE WILL 12 | CODL | SI |
| 2 | 123-11903-00 | LITTLE WILL 11 | NBCD | SI |
| 3 | 123-12238-00 | LITTLE WILL 9 | CODL | SI |
| 4 | 123-11986-00 | LITTLE WILL 8 | NBCD | PR |
| 5 | 123-11607-00 | LITTLE WILL 4 | CODL | SI |
| 6 | 123-11419-00 | LITTLE WILL 2 | CODL | SI |
| 7 | 123-11420-00 | LITTLE WILL 1 | CODL | SI |
| 8 | 123-11295-00 | KAMMERZELL NORDIC 1-6 | CODL | SI |

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

| | | |
|--|--|--|
| | | |
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Total: 0 comment(s)