



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10456</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Name: <u>Cheryl Gallagher</u>
Address: <u>600 17TH STREET #1600N</u>	Phone: <u>(720) 880-6337</u> Fax: <u>(303) 565-4606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>cgallagher@caerusoilandgas.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: Cheryl Gallagher
Title: Sr Opertions Tech Date: 12/3/2015 Email: cgallagher@caerusoilandgas.c

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: 2 Approved: 2 Modified: 1 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2015				
1	045-13234-00	UNOCAL-ENCANA #23A-4D	WFCM	PR
2	045-22624-00	PUCKETT #43B-2	N-COM	DG

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2015				
2	045-22624-00	PUCKETT #43B-2	N-COM	DG

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400947429	Form 07 SUBMITTED
400947431	Monthly Report Of Operations
400961629	DELINQUENT REPORT
400961632	ERROR REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)