



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10446</u>	Contact Name and Telephone:
Name of Operator: <u>MUSTANG CREEK OPERATING LLC</u>	Name: <u>Stewart Ward</u>
Address: <u>5251 DTC PARKWAY #800</u>	Phone: <u>(303) 586-4158</u> Fax: <u>()</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>sward@fifthcreekenergy.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: Stewart Ward
 Title: Operations Consultant Date: 2/3/2016 Email: sward@fifthcreekenergy.com

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

Operator Comments:

This well was TA's on Nov 19, 2015 with MIT witnessed by COGCC Inspector, Susan Sherman

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	041-06082-00	Graham 1-13	LYNS	TA
Report Month: 01/2016				
2	041-06082-00	GRAHAM 1-13	LYNS	TA
Report Month: 02/2016				
3	041-06082-00	Graham 1-13	LYNS	TA

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

400983089

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)