



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10469</u>	Contact Name and Telephone:
Name of Operator: <u>ENERGY INVESTMENTS INC</u>	Name: <u>Ann Miller</u>
Address: <u>PO BOX 17630</u>	Phone: <u>(303) 912-2188</u> Fax: <u>( )</u>
City: <u>GOLDEN</u> State: <u>CO</u> Zip: <u>80402</u>	Email: <u>ann@energy-investments.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: Ann Miller  
Title: Business Manager Date: 2/8/2016 Email: ann@energy-investments.com

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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	107-06051-00	TOW CREEK #13-11	NBRR	PR
2	107-06222-00	WOLF MOUNTAIN 15-2-7-87	NBRR	PR
3	107-06138-00	WOLF MOUNTAIN 15-3-7-87	NBRR	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**

400985436	Form 07 SUBMITTED
400985439	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)