



**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) 9122188</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: 3/7/2016 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 In Process: 3 Modified: 0 Deleted: 0

Total 3 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
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**

401001168

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)