

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
03/10/2016

Document Number:
401003428

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|-----------------------------------------------------------|---------------------------------------------|
| OGCC Operator Number: <u>74650</u> | Contact Name and Telephone: |
| Name of Operator: <u>RIM OPERATING, INC</u> | Name: <u>JB HOLCOMB</u> |
| Address: <u>5 INVERNESS DRIVE EAST</u> | Phone: <u>(505) 3260550</u> Fax: <u>()</u> |
| City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u> | Email: <u>wjhogadmin@qwestoffice.net</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: JB HOLCOMB
 Title: AGENT Date: 3/10/2016 Email: wjhogadmin@qwestoffice.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: 9 In Process: 9 Modified: 0 Deleted: 0

Total 9 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|------------------|----------------|-------------|
| Report Month: 12/2015 | | | | |
| 1 | 083-06467-00 | ROADRUNNER 14-14 | ISMY | SI |
| 2 | 083-06405-00 | ROADRUNNER 14-24 | ISMY | SI |
| 3 | 083-06399-00 | ROADRUNNER 14-13 | ISMY | SI |
| 4 | 083-06416-00 | BOBCAT 13-13 | ISMY | PR |
| 5 | 083-06419-00 | ROADRUNNER 23-31 | ISMY | SI |
| 6 | 083-06421-00 | UTE TRIBAL 11-15 | LISMY | SI |
| 7 | 083-06424-00 | UTE TRIBAL 5-15 | LISMY | SI |
| 8 | 083-06490-00 | UTE TRIBAL 16-22 | ISMY | SI |
| 9 | 083-06332-00 | SENTINEL 8-32 | ISMY | 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

401003433

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)