



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: 18795 | Contact Name and Telephone: |
| Name of Operator: COLTON LIMITED LIABILITY CO | Name: Megan Bush |
| Address: 475 17TH STREET #1200 | Phone: (303) 297-0347 Fax: (303) 586-5074 |
| City: DENVER State: CO Zip: 80202 | Email: mbush@bsegllc.com |

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: Megan Bush

Title: Production Manager Date: 3/25/2016 Email: mbush@bsegllc.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: 7 In Process: 7 Modified: 0 Deleted: 0

Total 7 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------------|----------------|-------------|
| Report Month: 01/2016 | | | | |
| 1 | 001-06818-00 | BERGMAN 1 | JSND | TA |
| 2 | 001-06994-00 | GREEN 1 | JSND | TA |
| 3 | 001-09413-00 | LINNEBUR 42-1 | DSND | PR |
| 4 | 001-08151-00 | LINNEBUR FARMS 21-3 | JSND | PR |
| 5 | 001-06616-00 | MCLENNAN STATE A-1 | JSND | PR |
| 6 | 005-07005-00 | COOKIE JAR 1 | JSND | PR |
| 7 | 121-10546-00 | GEBAUER 17-42 | DSND | PR |

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

| | |
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| | |
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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)