



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

|  |   |
|--|---|
| OGCC Operator Number: <u>18795</u>                     | Contact Name and Telephone:                             |
| Name of Operator: <u>COLTON LIMITED LIABILITY CO</u>   | Name: <u>Megan Bush</u>                                 |
| Address: <u>475 17TH STREET #1200</u>                  | Phone: <u>(303) 297-0347</u> Fax: <u>(303) 586-5074</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>mbush@bsegllc.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: Megan Bush  
Title: Production Manager Date: 3/28/2016 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: 11/2015 |              |                     |                |             |
| 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**

|  |  |
|--|--|
|  |  |
|--|--|

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

| <b>User Group</b> | <b>Comment</b> | <b>Comment Date</b> |
|-------------------|----------------|---------------------|
|                   |                |                     |

Total: 0 comment(s)