



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10592</u>	Contact Name and Telephone:
Name of Operator: <u>EXCELL OPERATING LLC</u>	Name: <u>Betty Matthews</u>
Address: <u>36629 US HIGHWAY 385</u>	Phone: <u>(970) 332-3831</u> Fax: <u>(970) 332-5821</u>
City: <u>WRAY</u> State: <u>CO</u> Zip: <u>80758</u>	Email: <u>bmatthews@excell-llc.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: Betty Matthews

Title: Administrator Date: 4/6/2016 Email: bmatthews@excell-llc.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: 11 In Process: 11 Modified: 0 Deleted: 0

Total 11 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	121-10654-00	CHRISTIANSON 21-12	JSND	PR
2	121-10680-00	CHRISTIANSON 21-A-12	JSND	PR
3	121-10681-00	CHRISTIANSON 21B-12	JSND	PR
4	121-10688-00	CHRISTIANSON 21C-12	JSND	PR
5	121-10684-00	CHRISTIANSON 21D-12	JSND	PR
6	121-10687-00	CHRISTIANSON 22-12	JSND	PR
7	121-10674-00	CHRISTIANSON 31A-12	JSND	PR
8	121-10678-00	YOUNG 32A-12	JSND	PR
9	121-10690-00	CHRISTIANSON-SWD 12-12	JSND	IJ
10	121-10634-00	CHRISTIANSON 32-12	JSND	SI
11	121-10682-00	YOUNG 14-1	JSND	IJ

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**

401022637	Monthly Report Of Operations
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)