



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10381</u>	Contact Name and Telephone:
Name of Operator: <u>TIDAL WAVE ENERGY INC</u>	Name: <u>JOSEF KNEISL</u>
Address: <u>479 KINGSWOORD DRIVE</u>	Phone: <u>(724) 4945875</u> Fax: <u>(724) 6568172</u>
City: <u>NEW CASTLE</u> State: <u>PA</u> Zip: <u>16105</u>	Email: <u>NOMAIL@GMAIL.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: JOSEF KNEISL  
Title: PRESIDENT Date: 5/26/2016 Email: NOMAIL@GMAIL.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 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	123-07364-00	DOLAN RANCHES 13-27	JSND	PR
Report Month: 03/2016				
2	123-07364-00	DOLAN RANCHES 13-27	JSND	PR
Report Month: 02/2016				
3	123-07364-00	DOLAN RANCHES 13-27	JSND	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**

401054740	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

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

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Total: 0 comment(s)