



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10518</u>	Contact Name and Telephone:
Name of Operator: <u>EDGE ENERGY LLC</u>	Name: <u>BEN TURNER</u>
Address: <u>621 17TH STREET SUITE 1401</u>	Phone: <u>(720) 599-3650</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>	Email: <u>BTURNER@EDGEENERGY1.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: BEN TURNER
Title: AGENT Date: 9/27/2016 Email: BTURNER@EDGEENERGY1.

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: 1 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2016				
1	123-41513-01	LONG 22-15-6NCH	N-COM	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2016				
1	123-41513-01	LONG 22-15-6NCH	N-COM	PR

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401119270	Form 07 SUBMITTED
401119276	Imported Data
401119290	ERROR REPORT

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)