



**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>(303) 5993650</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: engineer Date: 11/16/2016 Email: bturner@edgeenergy1.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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2016				
1	123-41513-00	LONG 22-15-6NCH	NBRR	DG
Report Month: 06/2016				
2	123-41513-00	LONG 22-15-6NCH	NBRR	AB

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

<u>Att Doc Num</u>	<u>Name</u>
401150935	Form 07 SUBMITTED
401150937	Imported Data

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)