



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>()</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: 2/13/2017 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: 11/2016				
1	123-07364-00	DOLAN RANCHES 13-27	JSND	PR
Report Month: 10/2016				
2	123-07364-00	DOLAN RANCHES 13-27	JSND	PR
Report Month: 09/2016				
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**

2225991	FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)