

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

05/02/2017

Document Number:

401271962

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: <u>10629</u> | Contact Name and Telephone: |
| Name of Operator: <u>FIFTH CREEK ENERGY OPERATING COMPANY LLC</u> | Name: <u>Peggy Brawn</u> |
| Address: <u>5251 DTC PKWY STE 420</u> | Phone: <u>(720) 907-0911</u> Fax: <u>(720) 907-0887</u> |
| City: <u>GREENWOOD WILLAGE</u> State: <u>CO</u> Zip: <u>80111</u> | Email: <u>pbrawn@fifthcreekenergy.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: Peggy Brawn

Title: Engineering Technician Date: 5/2/2017 Email: pbrawn@fifthcreekenergy.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

December Form 7 updated to include wells that were spud or waiting on completion.

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------------|----------------|-------------|
| Report Month: 12/2016 | | | | |
| 1 | 123-42580-00 | FOX CREEK 223-3422H | NBRR | TA |
| 2 | 123-42583-00 | FOX CREEK 501-3403H | CODL | WO |
| 3 | 123-41612-00 | FOX CREEK 504-2524H | CODL | DG |
| 4 | 123-41613-00 | FOX CREEK 505-2524H | CODL | DG |

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**

| | |
|-----------|---------------|
| 401271963 | Imported Data |
|-----------|---------------|

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)