

**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:
05/17/2017

Document Number:
401285565

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|--|
| OGCC Operator Number: <u>96790</u> | Contact Name and Telephone: |
| Name of Operator: <u>WILLSOURCE ENTERPRISE LLC</u> | Name: <u>Raelene Milne</u> |
| Address: <u>730 17TH ST STE 730</u> | Phone: <u>(303) 309-1591</u> Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>rmilne@progressivepcs.net</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: Raelene Milne

Title: President Date: 5/17/2017 Email: rmilne@progressivepcs.net

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: 8 In Process: 8 Modified: 0 Deleted: 0

Total 8 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|--------------------|----------------|-------------|
| Report Month: 01/2017 | | | | |
| 1 | 077-08760-00 | LITTLE BEAVER 1-20 | WMFK | SI |
| 2 | 077-08760-00 | LITTLE BEAVER 1-20 | RLNS | TA |
| Report Month: 02/2017 | | | | |
| 3 | 077-08760-00 | LITTLE BEAVER 1-20 | WMFK | SI |
| 4 | 077-08760-00 | LITTLE BEAVER 1-20 | RLNS | TA |
| Report Month: 03/2017 | | | | |
| 5 | 077-08760-00 | LITTLE BEAVER 1-20 | WMFK | SI |
| 6 | 077-08760-00 | LITTLE BEAVER 1-20 | RLNS | TA |
| Report Month: 04/2017 | | | | |
| 7 | 077-08760-00 | LITTLE BEAVER 1-20 | WMFK | SI |
| 8 | 077-08760-00 | LITTLE BEAVER 1-20 | RLNS | TA |

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**

| | |
|-----------|---------------|
| 401285570 | Imported Data |
|-----------|---------------|

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)