



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>98220</u>	Contact Name and Telephone:
Name of Operator: <u>YOUNG GAS STORAGE COMPANY LTD</u>	Name: <u>Kimberly Ezell</u>
Address: <u>P O BOX 1087</u>	Phone: <u>(719) 520-4521</u> Fax: <u>()</u>
City: <u>COLORADO SPGS</u> State: <u>CO</u> Zip: <u>80944</u>	Email: <u>kimberly_ezell@kindermorgan.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: Kimberly Ezell
Title: Operations Analyst II Date: 2/13/2018 Email: kimberly_ezell@kindermorgan.

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 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2018				
1	087-07176-00	YOUNG #11	DSND	IJ
2	087-08062-00	YOUNG #31 SWD	JSND	IJ

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**

401543410	Imported Data
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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)