



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10177</u>	Contact Name and Telephone:
Name of Operator: <u>ENERPLUS RESOURCES (USA) CORPORATION</u>	Name: <u>DeVon Pester</u>
Address: <u>950 17TH STREET #2200</u>	Phone: <u>(720) 279-5541</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>dpester@enerplus.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: DeVon Pester

Title: Production Technician Date: 2/9/2018 Email: dpester@enerplus.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: 3 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	123-44539-01	MAPLE 8-67-36-25C	N-COM1	PR
2	123-44539-01	MAPLE 8-67-36-25C	N-COM	PR
3	123-44539-01	MAPLE 8-67-36-25C	N-COM2	PR

Total 3 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	123-44539-01	MAPLE 8-67-36-25C	N-COM1	PR
2	123-44539-01	MAPLE 8-67-36-25C	N-COM	PR
3	123-44539-01	MAPLE 8-67-36-25C	N-COM2	PR

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

Att Doc Num **Name**

401541439	Form 07 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)