



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10671</u>	Contact Name and Telephone:
Name of Operator: <u>EDGE ENERGY II LLC</u>	Name: <u>Ben Turner</u>
Address: <u>621 17TH STREET SUITE 1401</u>	Phone: <u>(720) 5993650</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80293</u>	Email: <u>bturner@edgeenergy1.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: Ben Turner

Title: Engineer Date: 2/15/2018 Email: bturner@edgeenergy1.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: 4 Approved: 4 Modified: 1 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	069-06436-00	RAWHIDE FLATS 10-68-16 1H	NBRR	PR
2	123-33796-00	OWL CREEK 8-64-6 1H	NBRR	PR
3	123-33808-00	OWL CREEK 8-64-301H	NBRR	PR
4	123-35397-00	BLACK HOLLOW 8-67-16 3H	NBRR	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	069-06436-00	RAWHIDE FLATS 10-68-16 1H	NBRR	PR

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401547557	Form 07 SUBMITTED
401547559	Imported Data

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)