



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10668</u>	Contact Name and Telephone:
Name of Operator: <u>CAERUS ENERGY SERVICES LLC</u>	Name: <u>Cheryl Gallagher</u>
Address: <u>1001 17TH STREET #1600</u>	Phone: <u>(720) 880-6337</u> Fax: <u>(303) 565-5606</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>cgallagher@caerusoilandgas.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: Cheryl Gallagher
 Title: Sr Operations Tech Date: 3/22/2018 Email: cgallagher@caerusoilandgas.c

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: 11 Approved: 11 Modified: 0 Deleted: 0

Total 11 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2017				
1	045-11293-00	STORY GULCH UN8506BF26496	WSTCG	IJ
2	045-15495-00	SGU M23 CP01B-27 496	WSTCA	SI
3	045-15495-00	SGU M23 CP01B-27 496	WSTCG	IJ
4	045-21131-00	SG WD08A-19 C19	WSTC	IJ
5	045-21132-00	SG WD11A-19 C19	WSTC	IJ
6	045-21133-00	SG WD16A-19 C19	WSTC	IJ
7	045-21134-00	SG WD03A-30 C19	WSTC	IJ
8	045-21850-00	SG WD09B-30 N30	WSTC	SI
9	045-21853-00	SG WD14A-30 N30	WSTC	SI
10	045-21855-00	SG WD06C-30 N30	WSTC	SI
11	045-21857-00	SG WD01D-30 N30	WSTC	SI

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

<u>Att Doc Num</u>	<u>Name</u>
401584155	Form 07 SUBMITTED
401584156	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)