



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>1301 WASHINGTON AVE SUITE 300</u>	Phone: <u>(720) 5993650</u> Fax: <u>()</u>
City: <u>GOLDEN</u> State: <u>CO</u> Zip: <u>80401-6138</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: 5/14/2018 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: 8 Approved: 6 Modified: 0 Deleted: 2

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2018				
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
Report Month: 04/2018				
6	123-33796-00	OWL CREEK 8-64-6 1H	NBRR	PR
7	123-33808-00	OWL CREEK 8-64-301H	NBRR	PR
8	123-35397-00	BLACK HOLLOW 8-67-16 3H	NBRR	PR

Total 0 Modified

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

Total 2 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2018				
1	069-06436-00	RAWHIDE FLATS 10-68-16 1H	NBRR	PR
Report Month: 04/2018				
5	069-06436-00	RAWHIDE FLATS 10-68-16 1H	NBRR	PR

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401638603	Form 07 SUBMITTED
401638610	Imported Data
401638614	Imported Data
401643186	ERROR REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)