



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>96790</u>	Contact Name and Telephone:
Name of Operator: <u>WILLSOURCE ENTERPRISE LLC</u>	Name: <u>Raelene Milne</u>
Address: <u>730 17TH ST STE 712</u>	Phone: <u>(303) 309-1591</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rmilne@progressivepcs.net</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: Raelene Milne
 Title: President Date: 10/6/2018 Email: rmilne@progressivepcs.net

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 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2018				
1	077-08760-00	LITTLE BEAVER 1-20	WMFK	SI
2	077-08760-00	LITTLE BEAVER 1-20	RLNS	TA
3	077-08712-00	WILLSOURCE 1-13	WMFK	SI
4	077-08712-00	WILLSOURCE 1-13	CME0	TA

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

401786222

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)