



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

|  |   |
|--|---|
| OGCC Operator Number: <u>10658</u>                       | Contact Name and Telephone:                 |
| Name of Operator: <u>CAPTIVA ENERGY PARTNERS LLC</u>     | Name: <u>Audrey Bleich</u>                  |
| Address: <u>PO BOX 281108</u>                            | Phone: <u>(303) 2987262</u> Fax: <u>( )</u> |
| City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u> | Email: <u>ableich@ondrishcpa.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: Audrey Bleich  
 Title: CPA Date: 12/17/2018 Email: ableich@ondrishcpa.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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

| No                    | API #        | Well Name    | Formation Code | Well Status |
|-----------------------|--------------|--------------|----------------|-------------|
| Report Month: 10/2018 |              |              |                |             |
| 1                     | 123-35227-00 | MCCOY 13-33  | NB-CD          | PR          |
| 2                     | 123-35226-00 | MCCOY 14-33  | NB-CD          | PR          |
| 3                     | 123-35231-00 | MCCOY 23-33  | NB-CD          | PR          |
| 4                     | 123-35230-00 | MCCOY 24-33  | NB-CD          | PR          |
| 5                     | 123-35229-00 | MCCOY 2-6-33 | NB-CD          | PR          |

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**

|           |                   |
|-----------|-------------------|
| 401877235 | Form 07 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)