



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--------------------------------------------------------|----------------------------------------------|
| OGCC Operator Number: <u>10456</u> | Contact Name and Telephone: |
| Name of Operator: <u>CAERUS PICEANCE LLC</u> | Name: <u>Rachel Milne</u> |
| Address: <u>1001 17TH STREET #1600</u> | Phone: <u>(720) 359-1555</u> Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>ramilne@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: Rachel Milne
Title: Regulatory Analyst Date: 2/3/2019 Email: ramilne@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: 01/2014 | | | | |
| 1 | 045-09126-00 | SHAEFFER 12-6A (F12) | WMFK | TA |
| 3 | 045-09126-00 | SHAEFFER 12-6A (F12) | RLNS | TA |
| Report Month: 11/2014 | | | | |
| 2 | 045-09126-00 | SHAEFFER 12-6A (F12) | WMFK | TA |
| 4 | 045-09126-00 | SHAEFFER 12-6A (F12) | RLNS | 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**

| | |
|-----------|---------------|
| 401927296 | Imported Data |
|-----------|---------------|

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)