



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|--|
| OGCC Operator Number: <u>10649</u> | Contact Name and Telephone: |
| Name of Operator: <u>EWS 4 DJ BASIN LLC</u> | Name: <u>Jenny Goddard</u> |
| Address: <u>2015 CLUBHOUSE DR SUITE 201</u> | Phone: <u>(970) 5156950</u> Fax: <u>()</u> |
| City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u> | Email: <u>jcgoddard@expedition-water.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: Jenny Goddard

Title: Office Manager Date: 4/13/2020 Email: jcgoddard@expedition-

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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 03/2020 | | | | |
| 1 | 123-44167-00 | EWS 4 | DJINJ | IJ |
| 2 | 123-44047-00 | EWS 4A | DJINJ | IJ |
| 3 | 123-48766-00 | EWS 4B | DJINJ | IJ |

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

| | |
|-----------|-------------------|
| 402368954 | Form 07 SUBMITTED |
| 402368958 | Imported Data |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)