



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|--|
| OGCC Operator Number: <u>10744</u> | Contact Name and Telephone: |
| Name of Operator: <u>EWS 14 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: 11/3/2022 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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-------------------|----------------|-------------|
| Report Month: 10/2022 | | | | |
| 1 | 123-29168-00 | HPD PLATTEVILLE 1 | DJINJ | IJ |
| 2 | 123-39710-00 | HPD PLATTEVILLE 2 | 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 List

Att Doc Num

Name

403217897

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)