



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404380122**
Date Submitted: **10/6/2025**

Operator Information

Operator Number: **10649**
Operator Name: **EWS 4 DJ BASIN LLC**
Operator Address: **2015 CLUBHOUSE DR SUITE 201 ATTN: JIM GODDARD**
Operator City: **GREELEY**
Operator State: **CO**
Operator Zip: **80634**
First Name: **Jenny**
Last Name: **Goddard**
Contact Phone: **(970) 515-6950**
Contact Email: **jcgoddard@expedition-water.com**

Monthly Report of Operation

Well Status & Production Provided:

Produced Water Provided:

Deep Geothermal Provided:

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:

Name: **Jenny Goddard**

Title: **Office Manager**

Email: **jcgoddard@expedition-water.com**

Phone: **(970) 515-6950**

Signature:

Jenny Goddard

Associated Documents

404380125 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

