



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404380128**
Date Submitted: **10/6/2025**

Operator Information

Operator Number: **10737**
Operator Name: **EWS 6 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

404380129 - FORM 7 IMPORTED WELL STATUS PRODUCTION

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 www.colorado.gov/ecmc
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

