



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404380135**  
Date Submitted: **10/6/2025**

### Operator Information

Operator Number: **10744**  
Operator Name: **EWS 14 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

404380139 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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