



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404492481**
Date Submitted: **1/2/2026**

Operator Information

Operator Number: 10758
Operator Name: OGRIS OPERATING LLC
Operator Address: PO BOX 53467 ATTN: GIENA WARD
Operator City: MIDLAND
Operator State: TX
Operator Zip: 79710
First Name: BROOK
Last Name: STORHAUG
Contact Phone: (720) 517-8846
Contact Email: bstorhaug@ogrisop.com

SUBMITTED

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: BROOK STORHAUG
Title: TECHNICAL MANAGER
Email: bstorhaug@ogrisop.com

Phone: (720) 517-8846

Signature:

Brook Storhaug

Associated Documents

404492483 - 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

