



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404493071**
Date Submitted: **1/5/2026**
Date Approved: **1/5/2026**

Operator Information

Operator Number: 74650
Operator Name: RIM OPERATING INC
Operator Address: 5 INVERNESS DRIVE EAST ATTN: MICHAEL RECTOR
Operator City: ENGLEWOOD
Operator State: CO
Operator Zip: 80112
First Name: SARAH
Last Name: NOWAK
Contact Phone: (720) 221-1675
Contact Email: snowak@rimop.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: SARAH NOWAK
Title: OPERATIONS TECHNICIAN

Email: snowak@rimop.com

Phone: (720) 221-1675

Signature:



Handwritten signature of Joseph Snowak in black ink, enclosed in a black rectangular border.

Associated Documents

404493072 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404493073 - FORM 7 IMPORTED PRODUCED WATER

404493074 - FORM 7 SUBMITTED

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

