



## 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**

### 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

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:** SARAH NOWAK  
**Title:** OPERATIONS TECHNICIAN  
**Email:** snowak@rimop.com

Phone: (720) 221-1675

Signature:

A handwritten signature in black ink, appearing to read "Joseph Lavak", enclosed within a black rectangular border.

## Associated Documents

404493072 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404493073 - FORM 7 IMPORTED PRODUCED WATER

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