



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404493647**
Date Submitted: **1/5/2026**
Date Approved: **1/5/2026**

Operator Information

Operator Number: 10641
Operator Name: EWS 2 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

404493648 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404493649 - FORM 7 SUBMITTED

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

