



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404501897**
Date Submitted: **1/12/2026**
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Operator Information

Operator Number: 96850
Operator Name: TEP ROCKY MOUNTAIN LLC
Operator Address: 1058 COUNTY ROAD 215 ATTN: JEFFREY D KIRTLAND
Operator City: PARACHUTE
Operator State: CO
Operator Zip: 81635
First Name: KIM
Last Name: SMITH
Contact Phone: (405) 604-2712
Contact Email: kim.smith@flywheelenergy.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: KIM SMITH

Title: PRODUCTION ACCT ANALYST

Email: kim.smith@flywheelenergy.com

Phone: (405) 513-3205

Signature:

Kim Smith

Associated Documents

404501924 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404501932 - FORM 7 SUBMITTED

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

