



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

OGCC Operator Number: 96850	Contact Name and Telephone:
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC	Name: CANDEE MOSBY
Address: PO BOX 370	Phone: (539) 573-0152 Fax: ( )
City: PARACHUTE State: CO Zip: 81635	Email: CANDEE.MOSBY@WPXENERGY.COM

## OPERATOR COMMENTS AND SUBMITTAL

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CANDEE MOSBY

Title: PRODUCTION ANALYST Date: 10/20/2015 Email: CANDEE.MOSBY@WPXENER

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed ☐

Operator Comments:

## Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 17 In Process: 17 Modified: 0 Deleted: 0

Total 17 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2014				
1	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 05/2014				
2	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 06/2014				
3	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 07/2014				
4	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 08/2014				
5	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 09/2014				
6	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 10/2014				
7	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 11/2014				
8	045-06900-00	DOE 1-M-8	WFCM	TA

Report Month: 12/2014				
9	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 01/2015				
10	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 02/2015				
11	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 03/2015				
12	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 04/2015				
13	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 05/2015				
14	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 06/2015				
15	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 07/2015				
16	045-06900-00	DOE 1-M-8	WFCM	TA
Report Month: 08/2015				
17	045-06900-00	DOE 1-M-8	WFCM	TA

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

## Attachment Check List

**Att Doc Num**

**Name**

400920818	Monthly Report Of Operations
400920820	Monthly Report Of Operations

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)