



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10535</u>	Contact Name and Telephone:
Name of Operator: <u>GENESIS INVESTMENTS LLC</u>	Name: <u>Robin Smith</u>
Address: <u>12706 SHILOH ROAD</u>	Phone: <u>(970) 3307034</u> Fax: <u>(970) 6865941</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</u>	Email: <u>rsmithten@gmail.com</u>

**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: Robin Smith  
Title: Sec Date: 12/2/2015 Email: rsmithten@gmail.com

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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	123-08344-00	SCHEIDCOOKSEY1	DSND	PR
2	123-08361-00	SCHEIDCOOKSEY2	DSND	PR

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**

400945867	Form 07 SUBMITTED
400945868	Monthly Report Of Operations

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)