

FORM  
07

Rev  
08/15

# State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

**01/26/2016**

Document Number:

**400978093**

### 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>( )</u> |
| City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</u> | Email: <u>rsmithten@what-wire.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: AGENT Date: 1/26/2016 Email: rsmithten@what-wire.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: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

| No                    | API #        | Well Name      | Formation Code | Well Status |
|-----------------------|--------------|----------------|----------------|-------------|
| Report Month: 11/2015 |              |                |                |             |
| 1                     | 123-08344-00 | SCHEIDCOOKSEY1 | DSND           | PR          |
| 2                     | 123-08361-00 | SCHEIDCOOKSEY2 | DSND           | PR          |
| Report Month: 03/2015 |              |                |                |             |
| 3                     | 123-08344-00 | SCHEIDCOOKSEY1 | DSND           | PR          |
| 4                     | 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

400978095

Monthly Report Of Operations

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)