



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 Sec</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: 3/8/2016 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: 01/2016 | | | | |
| 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

| | |
|-----------|------------------------------|
| 401001518 | Form 07 SUBMITTED |
| 401001519 | 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)