



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>100185</u>	Contact Name and Telephone:
Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Name: <u>Tierney Loberg</u>
Address: <u>370 17TH ST STE 1700</u>	Phone: <u>(720) 876-5088</u> Fax: <u>(720) 876-6088</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>tierney.loberg@encana.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: Tierney Loberg
Title: Regulatory Analyst Date: 3/29/2016 Email: tierney.loberg@encana.com

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

Operator Comments:

This amended report is to reflect the P&A status of this completion. Once this has been uploaded into your system, please remove 12/2014 and all subsequent months of reporting. Thank you.

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: 10/2014				
1	045-09008-00	GALLOWAY 2-3 (C2)	WMFK	PA
Report Month: 11/2014				
2	045-09008-00	GALLOWAY 2-3 (C2)	WMFK	PA

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

401017055	Form 07 SUBMITTED
401017056	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)