



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|-------------------------------|
| OGCC Operator Number: 81295 | Contact Name and Telephone: |
| Name of Operator: RED WILLOW PRODUCTION COMPANY | Name: Jason Scott |
| Address: P O BOX 369 | Phone: (970) 5635234 Fax: () |
| City: IGNACIO State: CO Zip: 81137 | Email: jascott@rwpc.us |

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: Jason Scott

Title: PRODUCTION ACCOUNTING Date: 4/20/2016 Email: jascott@rwpc.us

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: 14 In Process: 14 Modified: 0 Deleted: 0

Total 14 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------------------|----------------|-------------|
| Report Month: 07/1999 | | | | |
| 1 | 067-07344-00 | SOUTE WDW 32-8 #7-9 | BLFEN | IJ |
| 2 | 067-07123-00 | SOUTE WDW 32-11 #10-5 | ENRD | IJ |
| Report Month: 08/1999 | | | | |
| 3 | 067-07335-00 | SOUTE WDW 33-10 #1-4 | BLFEN | IJ |
| 4 | 067-05637-00 | SOUTE WDW 34-10 #23-8 | MVRD | IJ |
| 5 | 067-07344-00 | SOUTE WDW 32-8 #7-9 | BLFEN | IJ |
| 6 | 067-07123-00 | SOUTE WDW 32-11 #10-5 | ENRD | IJ |
| Report Month: 09/1999 | | | | |
| 7 | 067-07335-00 | SOUTE WDW 33-10 #1-4 | BLFEN | IJ |
| 8 | 067-05637-00 | SOUTE WDW 34-10 #23-8 | MVRD | IJ |
| 9 | 067-07344-00 | SOUTE WDW 32-8 #7-9 | BLFEN | IJ |
| 10 | 067-07123-00 | SOUTE WDW 32-11 #10-5 | ENRD | IJ |
| Report Month: 10/1999 | | | | |
| 11 | 067-07335-00 | SOUTE WDW 33-10 #1-4 | BLFEN | IJ |
| 12 | 067-05637-00 | SOUTE WDW 34-10 #23-8 | MVRD | IJ |
| 13 | 067-07344-00 | SOUTE WDW 32-8 #7-9 | BLFEN | IJ |
| 14 | 067-07123-00 | SOUTE WDW 32-11 #10-5 | ENRD | IJ |

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

401031857

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)