



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10464</u>	Contact Name and Telephone:
Name of Operator: <u>CATAMOUNT ENERGY PARTNERS LLC</u>	Name: <u>Connie Mitchell</u>
Address: <u>1801 BROADWAY #1000</u>	Phone: <u>(303) 726-0662</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>cmitchell@prof-data.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: Connie Mitchell
 Title: AGENT Date: 4/22/2016 Email: cmitchell@prof-data.com

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

Operator Comments:

Refiled due to errors

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 7 In Process: 7 Modified: 0 Deleted: 0

Total 7 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	067-05598-00	BONDAD 33-10 #13	MVRD	PR
2	067-05570-00	BONDAD 33-10 #15	MVRD	PR
3	067-09902-00	CAMPBELL 33-7-4 #1H	FRLDC	PR
4	067-09903-00	CAMPBELL 33-7-4 #2H	FRLDC	PR
5	067-09918-00	CARPENTER #32-06-03 #1S	FRLDC	PR
6	067-09914-00	CARPENTER #32-06-03 #2	FRLDC	PR
7	067-09922-00	ELSA #34-06-19 #1	FRLDC	SI

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**

401033949	Monthly Report Of Operations
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)