



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:

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	067-09918-00	CARPENTER #32-06-03 #1S	FRLDC	PR
2	067-09914-00	CARPENTER #32-06-03 #2	FRLDC	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

<u>Att Doc Num</u>	<u>Name</u>
401033954	Monthly Report Of Operations
401033955	Monthly Report Of Operations
401033956	Monthly Report Of Operations
401033957	Monthly Report Of Operations

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)