



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|--|
| OGCC Operator Number: <u>96850</u> | Contact Name and Telephone: |
| Name of Operator: <u>TEP ROCKY MOUNTAIN LLC</u> | Name: <u>CANDEE MOSBY</u> |
| Address: <u>PO BOX 370</u> | Phone: <u>(539) 573-0152</u> Fax: <u>()</u> |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> | Email: <u>CANDEE.MOSBY@WPXENERGY.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: CANDEE MOSBY
 Title: PROD ANALYST Date: 6/13/2016 Email: CANDEE.MOSBY@WPXENER

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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 04/2016 | | | | |
| 1 | 045-22243-00 | PA 331-27 | WMFK | 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

401061617

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)