



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10330</u>	Contact Name and Telephone:
Name of Operator: <u>INVESTMENT EQUIPMENT LLC</u>	Name: <u>Kathryn Highberger</u>
Address: <u>412 W PLATTE AVE</u>	Phone: <u>(970) 867-9007</u> Fax: <u>(970) 867-8374</u>
City: <u>FT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>Kathrynhighberger@gmail.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: Kathryn Highberger
Title: Admin Asst Date: 8/26/2016 Email: Kathrynhighberger@gmail.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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2015				
1	009-06464-00	TSRU 204W	LNSNG	IJ
2	009-06453-00	TSRU 401	LNSNG	PR
3	009-06498-00	TSRU 206W	LNSNG	IJ
4	009-06450-00	TSRU 501	LNSNG	PR
5	009-06458-00	TSRU 701W	LNSNG	IJ
6	009-06445-00	TSRU 601W	LNSNG	IJ
7	009-06441-00	TSRU 1001W	LNSNG	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

<u>Att Doc Num</u>	<u>Name</u>
401100106	Form 07 SUBMITTED
401100107	Imported Data
401100114	Imported Data

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)