



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10646</u>	Contact Name and Telephone:
Name of Operator: <u>BISON EXPLORATION LLC</u>	Name: <u>Abigail Wenk</u>
Address: <u>PO BOX 1168</u>	Phone: <u>(720) 644-6997</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>awenk@bisonog.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: Abigail Wenk
Title: Regulatory Manager Date: 5/17/2017 Email: awenk@bisonog.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: 8 Approved: 8 Modified: 2 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2017				
1	005-06834-00	CARROWAY-MCCALLAN #1	JSND	PR
2	005-06488-00	CAVANAUGH #1-X	JSND	PR
3	005-06523-00	CAVANAUGH #3	JSND	PR
4	005-06858-00	COLUMBINE STATE #1	JSND	PR
5	005-06870-00	COLUMBINE STATE #2	JSND	SI
6	001-09754-00	WEP 1-28-11-3-64	NBRR	PR
7	001-09753-01	WEP 4-28-11-3-64	NBRR	PR
8	005-07255-00	BISON 4-64 15-16 2BHZ	N-COM	PR

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2017				
7	001-09753-01	WEP 4-28-11-3-64	NBRR	PR
8	005-07255-00	BISON 4-64 15-16 2BHZ	N-COM	PR

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401285225	Form 07 SUBMITTED
401285229	Imported Data

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)