



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10628</u>	Contact Name and Telephone:
Name of Operator: <u>GREENLEAF ENVIRONMENTAL SERVICES LLC</u>	Name: <u>jake mcnaire</u>
Address: <u>PO BOX 99</u>	Phone: <u>(208) 3902746</u> Fax: <u>()</u>
City: <u>EASTLAKE</u> State: <u>CO</u> Zip: <u>80614</u>	Email: <u>jakem@greenlfservices.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: jake mcnaire
Title: PARTNER Date: 1/10/2018 Email: jakem@greenlfservices.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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2017				
1	077-08255-00	GREENLEAF DILSPOSAL 1	CCRWF	IJ
Report Month: 10/2017				
2	077-08255-00	GREENLEAF DILSPOSAL 1	CCRWF	IJ
Report Month: 09/2017				
3	077-08255-00	GREENLEAF DILSPOSAL 1	CCRWF	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>
401509931	Form 07 SUBMITTED
401509941	Imported Data
401509943	Imported Data

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)