



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10580</u>	Contact Name and Telephone:
Name of Operator: <u>EXPEDITION WATER SOLUTIONS COLORADO LLC</u>	Name: <u>Jenny Goddard</u>
Address: <u>2015 CLUBHOUSE DR SUITE 201</u>	Phone: <u>(970) 5156950</u> Fax: <u>()</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>	Email: <u>jcgoddard@expedition-water.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: Jenny Goddard
Title: Office Manager Date: 8/13/2019 Email: jcgoddard@expedition-

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: 07/2019				
1	123-47686-00	EWS 6	DJINJ	IJ
2	123-47689-00	EWS 6A	DJINJ	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

Att Doc Num **Name**

402141859	Imported Data
-----------	---------------

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)