



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10649</u>	Contact Name and Telephone:
Name of Operator: <u>EWS 4 DJ BASIN 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: 10/9/2019 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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2019				
1	123-44167-00	EWS 4	DJINJ	IJ
2	123-44047-00	EWS 4A	DJINJ	IJ
3	123-48766-00	EWS 4B	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**

402204105	Form 07 SUBMITTED
402204114	Imported Data

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)