



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10348</u>	Contact Name and Telephone:
Name of Operator: <u>MYSTIQUE RESOURCES COMPANY</u>	Name: <u>DENNIS STAAL</u>
Address: <u>27242 E EUCLID DR</u>	Phone: <u>(308) 4300337</u> Fax: <u>( )</u>
City: <u>AURORA</u> State: <u>CO</u> Zip: <u>80016</u>	Email: <u>dstaal@msn.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: DENNIS STAAL  
Title: PRESIDENT Date: 7/31/2015 Email: dstaal@msn.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

FORM 7 YEAR END 2015 FOR FILING

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	017-07666-00	SHIRLEY ROTHER #1	MRRW	PR

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**

400878355

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)