



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>51922</u>	Contact Name and Telephone:
Name of Operator: <u>LYSTER OIL COMPANY INC</u>	Name: <u>AMANDA STEWART</u>
Address: <u>701 COUNTY ROAD 105</u>	Phone: <u>(970) 3268820</u> Fax: <u>( )</u>
City: <u>CRAIG</u> State: <u>CO</u> Zip: <u>81625</u>	Email: <u>lysteroil@yahoo.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: AMANDA STEWART  
 Title: SECRETARY Date: 8/3/2015 Email: lysteroil@yahoo.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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	107-06047-00	GRASSY CREEK #1	NBRR	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**

400878777	Monthly Report Of Operations
-----------	------------------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)