



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>81490</u>	Contact Name and Telephone:
Name of Operator: <u>ST CROIX OPERATING INC</u>	Name: <u>RENEE SAVIO</u>
Address: <u>P O BOX 13799</u>	Phone: <u>(720) 3510975</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80201</u>	Email: <u>CORY.ESSEX@STATE.CO.US</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: RENEE SAVIO
Title: AGENT Date: 8/10/2015 Email: CORY.ESSEX@STATE.CO.US

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: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2015				
1	121-10609-00	HEIMERMAN #18-2	JSND	PR
2	121-10618-00	VOLBERDING FARMS #7-1	JSND	PR
Report Month: 06/2015				
3	121-10609-00	HEIMERMAN #18-2	JSND	PR
4	121-10618-00	VOLBERDING FARMS #7-1	JSND	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

400882239

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)