



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10536</u>	Contact Name and Telephone:
Name of Operator: <u>SMITH ENERGY LLC</u>	Name: <u>ROBIN SMITH</u>
Address: <u>12660 WCR 74</u>	Phone: <u>(303) 8942100</u> Fax: <u>( )</u>
City: <u>EATON</u> State: <u>CO</u> Zip: <u>80615</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: ROBIN SMITH  
Title: AGENT Date: 8/18/2015 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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	121-10850-00	YOUNG SWD #31-11350	JSND	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**

400886126

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)