



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>95245</u>	Contact Name and Telephone:
Name of Operator: <u>WELLSTAR CORPORATION</u>	Name: <u>TRICIA SCHULTZ</u>
Address: <u>11990 GRANT ST STE 550</u>	Phone: <u>(303) 4056832</u> Fax: <u>()</u>
City: <u>NORTHGLENN</u> State: <u>CO</u> Zip: <u>80233</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: TRICIA SCHULTZ
 Title: ACCOUNTING ASSISTANT Date: 8/26/2015 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	057-06490-02	SILVER SPUR 35-2	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

400890729

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)