



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>30658</u>	Contact Name and Telephone:
Name of Operator: <u>FOUNTAINHEAD RESOURCES LTD</u>	Name: <u>LORI CRAVER</u>
Address: <u>P O BOX 641</u>	Phone: <u>(303) 488-9983</u> Fax: <u>(303) 730-2113</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80160-0641</u>	Email: <u>lori@fountainheadresources.net</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: LORI CRAVER  
Title: MANAGER Date: 8/31/2015 Email: lori@fountainheadresources.net

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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	123-11295-00	KAMMERZELL #1-6	CODL	PR
2	123-11420-00	LITTLE WILL #1	CODL	SI
3	123-11419-00	LITTLE WILL #2	CODL	SI
4	123-11607-00	LITTLE WILL #4	CODL	SI
5	123-11986-00	LITTLE WILL #8	NB-CD	PR
6	123-12238-00	LITTLE WILL #9	CODL	SI
7	123-11903-00	LITTLE WILL #11	NB-CD	SI
8	123-11928-00	LITTLE WILL #12	CODL	SI

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**

400893385	Monthly Report Of Operations
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)