



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>82490</u>	Contact Name and Telephone:
Name of Operator: <u>STEPHENS* JAMES R</u>	Name: <u>JAMES R. STEPHENS</u>
Address: <u>3604 SAN BAR LANE</u>	Phone: <u>(817) 485-4040</u> Fax: <u>()</u>
City: <u>COLLEYVILLE</u> State: <u>TX</u> Zip: <u>70634</u>	Email: <u>CRYSTAL.SANTOVENA@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: JAMES R. STEPHENS
 Title: OPERATOR Date: 7/13/2015 Email: CRYSTAL.SANTOVENA@STA

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	121-06377-00	BLAKE 1	DSND	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

2440831

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)