



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10427</u>	Contact Name and Telephone:
Name of Operator: <u>RAM OIL & GAS INC</u>	Name: <u>RICK MILLS</u>
Address: <u>PO BOX 5544</u>	Phone: <u>(719) 324-5630</u> Fax: <u>(719) 324-5159</u>
City: <u>WALSH</u> State: <u>CO</u> Zip: <u>81090</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: RICK MILLS
Title: PRESIDENT Date: 8/3/2015 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: 07/2015				
1	043-40039-00	COWPERTHWAIT 1	PRRE	PR

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

Att Doc Num

Name

2440817

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)