



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>83555</u>	Contact Name and Telephone:
Name of Operator: <u>SUNBURST INC</u>	Name: <u>JAY JACKSON</u>
Address: <u>1401 E GIRARD STE 143</u>	Phone: <u>(303) 781-3044</u> Fax: <u>(303) 781-3044</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80110</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: JAY JACKSON
 Title: PRESIDENT Date: 8/11/2015 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	123-09934-00	STATE 1 (13-36)	CODL	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

2209138

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)