



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|------------------------------------------------------------------|---------------------------------------------------------|
| OGCC Operator Number: <u>31250</u> | Contact Name and Telephone: |
| Name of Operator: <u>FRITZ & DIGMAN INC</u> | Name: <u>CARMEL GUTIERRER</u> |
| Address: <u>PO BOX 70024</u> | Phone: <u>(505) 327-6176</u> Fax: <u>(505) 327-6177</u> |
| City: <u>ALBUQUERQUE</u> State: <u>NM</u> Zip: <u>87197-0024</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: CARMEL GUTIERRER
 Title: AGENT Date: 6/16/2015 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: 04/2015 | | | | |
| 1 | 067-05264-00 | GRIFFITH, DELLA 1 | GLLP | 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**

| | |
|---------|-----------------------------------------------|
| 1164738 | 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)