



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10386</u>	Contact Name and Telephone:
Name of Operator: <u>POC-I LLC</u>	Name: <u>STEPHEN TYGARD</u>
Address: <u>1888 SHERMAN ST #500</u>	Phone: <u>(307) 2377854</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>wyoeaglefan@wyoming.com</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: STEPHEN TYGARD  
 Title: GIS/Production/Compliance Date: 9/30/2015 Email: wyoeaglefan@wyoming.com

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: 08/2015				
1	081-05119-00	ILES #8	SNDC	PR
2	081-05108-00	ILES #11	SNDC	SI
3	081-05093-00	ILES #22	SNDC	PR
4	081-05656-00	ILES #24	SNDC	PR
5	081-05086-00	ILES #25	MRSN	PR
6	081-05106-00	ILES #26	MRSN	SI
7	081-05107-00	ILES #6	SNDC	SI
8	081-05090-00	ILES #37	SNDC	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**

400908110	Form 07 SUBMITTED
400908127	Monthly Report Of Operations

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)