

FORM  
07

Rev  
08/15

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/03/2015

Document Number:

1164716

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

|  |   |
|--|---|
| OGCC Operator Number: <u>10556</u>                     | Contact Name and Telephone:                 |
| Name of Operator: <u>PLUG NICKEL OIL COMPANY INC</u>   | Name: <u>LANA HOUGE</u>                     |
| Address: <u>2552 NORTH 500 EAST</u>                    | Phone: <u>(435) 7898479</u> Fax: <u>( )</u> |
| City: <u>VERNAL</u> State: <u>UT</u> Zip: <u>84078</u> | Email: <u>NOMAIL@GMAIL.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: LANA HOUGE

Title: AGENT Date: 4/22/2015 Email: NOMAIL@GMAIL.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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

| No                    | API #        | Well Name       | Formation Code | Well Status |
|-----------------------|--------------|-----------------|----------------|-------------|
| Report Month: 06/2014 |              |                 |                |             |
| 1                     | 103-06444-00 | USA PAN AM 16-4 | MNCS           | 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

1164716

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)