



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>49407</u>	Contact Name and Telephone:
Name of Operator: <u>KUGLER* DEAN &amp; JOE DBA D-J OIL COMPANY</u>	Name: <u>DORIS KUGLER</u>
Address: <u>P O BOX 72</u>	Phone: <u>(970) 437-5460</u> Fax: <u>( )</u>
City: <u>NEW RAYMER</u> State: <u>CO</u> Zip: <u>80742</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: DORIS KUGLER  
Title: SECRETARY Date: 10/1/2015 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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2015				
1	123-10203-00	COLORADO FEDERAL 1	DSND	SI
2	123-10334-00	MYERS F-1	DSND	SI

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**

2209668

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)