



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10407</u>	Contact Name and Telephone:
Name of Operator: <u>ANTLER ENERGY LLC</u>	Name: _____
Address: <u>PO BOX 104</u>	Phone: ( ) _____ Fax: ( ) _____
City: <u>BAGGS</u> State: <u>WY</u> Zip: <u>82321</u>	Email: _____

**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: CLAY EVANS  
Title: MANAGER Date: 9/9/2015 Email: \_\_\_\_\_

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: 0 Approved: 0 Modified: 0 Deleted: 0

Total 0 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

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**

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Total Attach: 0 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)