



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>95960</u>	Contact Name and Telephone:
Name of Operator: <u>WEXPRO COMPANY</u>	Name: <u>JASON MATERN</u>
Address: <u>P O BOX 45003</u>	Phone: <u>(801) 3242637</u> Fax: <u>( )</u>
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-0601</u>	Email: <u>Jason.Matern@questar.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: JASON MATERN

Title: ACCOUNTING Date: 10/21/2015 Email: Jason.Matern@questar.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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	081-05704-00	STATE OF COLORADO 2	FTUN	PA

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**

400922445

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)