

**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:

**10/30/2015**

Document Number:

**400928288**

**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>16520</u>	Contact Name and Telephone:
Name of Operator: <u>CHEMCO INC</u>	Name: <u>Morgan Neher</u>
Address: <u>558 CASTLE PINES PKWY UTB4#402</u>	Phone: <u>(303) 771-7777</u> Fax: <u>(303) 773-9021</u>
City: <u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80104</u>	Email: <u>morgan@chemco-og.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: Morgan Neher

Title: Vice President Date: 10/30/2015 Email: morgan@chemco-og.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: 21 In Process: 21 Modified: 0 Deleted: 0

Total 21 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2015				
1	061-06355-00	BAUGHMAN #1	MRRW	PR
2	061-06287-00	MUIR EJ #1-A	MRRW	PR
3	061-06136-00	T-WEAR #1	MRRW	PR
4	061-06093-00	WEAR HC #3-2	MRRW	PR
5	061-06782-00	BAUGHMAN #5A-2	MSSP	PR
6	061-06392-00	BAUGHMAN #7	MSSP	PR
7	061-06488-00	BAUGHMAN #8	STLS	PR
8	061-06293-00	EJ MUIR #2	MSSP	PR
9	061-06676-00	MKH #1	MSSP	PR
10	061-05055-00	STUBBS #1	LGKC	PR
11	061-06300-00	TALLMAN #1-28	LNSNG	PR
12	061-06005-00	LINCOLN #1	MSSP	IJ
13	061-06008-00	LINCOLN #2	MSSP	IJ
14	061-06088-00	WEAR HC #3-1	MSSP	IJ
15	061-06452-00	BAUGHMAN #6	MSSP	SI
16	061-06889-00	DONOHUE#4A-2	KEYES	SI

17	061-06084-00	EJ MUIR #1	LYNS	SI
18	061-06790-00	MUIR UNIT #1A-35	MSSP	SI
19	061-06300-00	TALLMAN #1-28	MSSP	TA
20	061-06378-00	WEAR #2	MSSP	SI
21	061-06485-00	WEAR SERENDIPITY#3	MSSP	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**

400928294	Monthly Report Of Operations
-----------	------------------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

--	--	--

Total: 0 comment(s)