



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10032</u>	Contact Name and Telephone:
Name of Operator: <u>H & M PETROLEUM CORPORATION</u>	Name: <u>KAREN ABSHER</u>
Address: <u>PO BOX 2487</u>	Phone: <u>(719) 632-6182</u> Fax: <u>(719) 632-6182</u>
City: <u>COLORADO SPRINGS</u> State: <u>CO</u> Zip: <u>80901</u>	Email: <u>CRYSTAL.SANTOVENA@STATE.CO.US</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: KAREN ABSHER
Title: AGENT Date: 7/20/2015 Email: CRYSTAL.SANTOVENA@STA

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: 06/2015				
1	075-09334-00	CATHERINE 3	JSND	PR
2	075-09345-00	HIGHBALL 1	JSND	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

2440828

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)