

**FORM  
07**Rev  
08/15**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:

**11/10/2015**

Document Number:

**2210071****OPERATOR'S MONTHLY REPORT OF OPERATIONS****OPERATOR INFORMATION**OGCC Operator Number: 5560Name of Operator: BP ENERGY INCAddress: PO BOX 484City: MORRISON State: CO Zip: 80465-0484

Contact Name and Telephone:

Name: VAN K. BULLOCKPhone: (303) 843-0973 Fax: ( )Email: NOMAIL@GMAIL.COM**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: VAN K. BULLOCKTitle: AGENTDate: 11/9/2015Email: NOMAIL@GMAIL.COMBy 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: 18Approved: 18Modified: 0Deleted: 0

Total 18 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2015				
1	001-08831-00	HASKINS 1	JSND	PR
2	001-08831-00	HASKINS 1	DSND	SI
Report Month: 02/2015				
3	001-08831-00	HASKINS 1	JSND	PR
4	001-08831-00	HASKINS 1	DSND	SI
Report Month: 03/2015				
5	001-08831-00	HASKINS 1	JSND	PR
6	001-08831-00	HASKINS 1	DSND	SI
Report Month: 04/2015				
7	001-08831-00	HASKINS 1	JSND	PR
8	001-08831-00	HASKINS 1	DSND	SI
Report Month: 05/2015				
9	001-08831-00	HASKINS 1	JSND	PR
10	001-08831-00	HASKINS 1	DSND	SI
Report Month: 06/2015				
11	001-08831-00	HASKINS 1	JSND	PR
12	001-08831-00	HASKINS 1	DSND	SI

Report Month: 07/2015				
13	001-08831-00	HASKINS 1	JSND	PR
14	001-08831-00	HASKINS 1	DSND	SI
Report Month: 08/2015				
15	001-08831-00	HASKINS 1	JSND	PR
16	001-08831-00	HASKINS 1	DSND	SI
Report Month: 09/2015				
17	001-08831-00	HASKINS 1	JSND	PR
18	001-08831-00	HASKINS 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

2210071

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)