

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:

01/21/2016

Document Number:

400975862

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|--|
| OGCC Operator Number: <u>10508</u> | Contact Name and Telephone: |
| Name of Operator: <u>SELECT ENERGY SERVICES LLC</u> | Name: <u>Barb Ries</u> |
| Address: <u>PO BOX 1715</u> | Phone: <u>(720) 442-3858</u> Fax: <u>()</u> |
| City: <u>GAINESVILLE</u> State: <u>TX</u> Zip: <u>76241</u> | Email: <u>bries@selectenergyservices.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: Barb Ries

Title: manager Date: 1/21/2016 Email: bries@selectenergyservices.co

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 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 11/2015 | | | | |
| 1 | 123-39484-00 | WEITZEL 1 | N-COM | SI |

Total 0 Modified

| No | API # | Well Name | Formation Code | Well Status |
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| Report Month: / | | | | |
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Total 0 Deleted

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

Attachment Check List

Att Doc Num

Name

| | |
|-----------|------------------------------|
| 400975862 | Form 07 SUBMITTED |
| 400975864 | Monthly Report Of Operations |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
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Total: 0 comment(s)