



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: 12/2015				
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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

400975865	Form 07 SUBMITTED
400975866	Monthly Report Of Operations

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)