



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10500</u>	Contact Name and Telephone:
Name of Operator: <u>COACHMAN ENERGY OPERATING COMPANY LLC</u>	Name: <u>DEBORA L. SMITH</u>
Address: <u>1125 17TH STREET SUITE 410</u>	Phone: <u>(720) 476-3678 X209</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>DEB@CYNOSURE-ENERGY.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: DEBORA L. SMITH
Title: AGENT Date: 12/14/2015 Email: DEB@CYNOSURE-

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: 08/2015				
1	103-12274-00	SHAVETAIL FEDERAL 28-44	MNCSB	DG
2	103-12275-00	SHAVETAIL FEDERAL 34-34	MNCSB	DG

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

2211135

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)