



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>6160</u>	Contact Name and Telephone:
Name of Operator: <u>BANEY WELL SERVICE INC</u>	Name: <u>Bill McKnab</u>
Address: <u>2375 GARLAND STREET</u>	Phone: <u>(303) 550-2174</u> Fax: <u>()</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80215</u>	Email: <u>billmcknab@aol.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: Bill McKnab
Title: Engineer Date: 2/11/2016 Email: billmcknab@aol.com

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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	121-08843-00	C H M 1-A	JSND	PR
2	121-08671-00	ATKINSON-CHENOWETH 4	JSND	PR
3	121-08227-00	HUBBIRD-BOSTON 4	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

<u>Att Doc Num</u>	<u>Name</u>
400987480	Form 07 SUBMITTED
400987495	Monthly Report Of Operations
400987844	DELINQUENT REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)