



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10027</u>	Contact Name and Telephone:
Name of Operator: <u>C &amp; J FIELD SERVICES</u>	Name: <u>Linda Gordon</u>
Address: <u>3650 COUNTY RD #2</u>	Phone: <u>(970) 629-1116</u> Fax: <u>(970) 675-8558</u>
City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u>	Email: <u>lcgordon@centurytel.net</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: Linda Gordon  
Title: Office Manager Date: 3/9/2016 Email: lcgordon@centurytel.net

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: 26 In Process: 26 Modified: 0 Deleted: 0

Total 26 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	103-07211-00	GOVT 1	MNCS	SI
2	103-40063-00	CHRISTMANN 1	MNCS	SI
3	103-07232-00	GOVT 2	MNCS	SI
4	103-09482-00	ADAM 1A	EMRY	SI
5	103-09479-00	MELLEN 2	EMRY	PR
6	103-01122-00	H/S #2	MNCS	PR
7	103-01123-00	H/S #2-2	MNCS	PR
8	103-05352-00	LEBAUER #4	MNCS	PR
9	103-05365-00	LEBAUER #46	MNCS	PR
10	103-07121-00	LEBAUER #5	MNCS	PR
11	103-07575-00	LEBAUER #J-1	MNCS	PR
12	103-40002-00	LUBAUER NO. 19	MNCS	PR
13	103-07161-00	LUBAUER NO. 19A	MNCS	PR
14	103-07931-00	H/S #3	MNCS	PR
15	103-06369-00	LEBAUER #2	MNCS	PR
16	103-07263-00	H/S #6	MNCS	PR

17	103-07930-00	H/S #2	MNCS	PR
18	103-07932-00	H/S #4	MNCS	PR
19	103-07962-00	FEDERAL R-7	MNCS	PR
20	103-08966-00	FEDERAL R-6	MNCS	PR
21	103-40027-00	FEDERAL R-3	MNCS	PR
22	103-40028-00	FEDERAL R-2	MNCS	PR
23	103-40029-00	FEDERAL R-1	MNCS	PR
24	103-09461-00	TAIGA MTN 02-21	CSLGT	SI
25	103-09460-00	TAIGA MTN 01-29	CSLGT	SI
26	103-09805-00	BANTA RIDGE 5-1-103	MNCS	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**

401002939

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)