



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10604</u>	Contact Name and Telephone:
Name of Operator: <u>COMPLETE ENERGY SERVICES INC</u>	Name: <u>GARY WRIGHT</u>
Address: <u>4727 GAILLARDIA PKWY STE 250</u>	Phone: <u>(303) 654-8414</u> Fax: <u>()</u>
City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73142</u>	Email: <u>NOMAIL@GMAIL.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: GARY WRIGHT
Title: PRESIDENT Date: 2/29/2016 Email: NOMAIL@GMAIL.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: 0 Modified: 0 Deleted: 3

Total 0 Approved

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

Total 0 Modified

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

Total 3 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	123-29168-00	HPD PLATTEVILLE 1	N-COM	IJ
2	123-39710-00	HPD PLATTEVILLE 2	DJINJ	IJ
3	123-27116-00	HPD KERSEY 1	DJINJ	IJ

Attachment Check List

Att Doc Num

Name

2211787	FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED
401011934	ERROR REPORT

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)