



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10525</u>	Contact Name and Telephone:
Name of Operator: <u>SANTA FE NATURAL RESOURCES INC</u>	Name: <u>Joe Mazotti</u>
Address: <u>4833 FRONT STREET UNIT B 506</u>	Phone: <u>(720) 226-5791</u> Fax: <u>()</u>
City: <u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80104</u>	Email: <u>ogp-co@comcast.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: Joe Mazotti

Title: Agent Date: 3/29/2016 Email: ogp-co@comcast.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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
2	081-06608-00	MCINTRYRE 1-3ST	MNCS	PR
Report Month: 02/2016				
1	081-06608-00	MCINTRYRE 1-3ST	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

<u>Att Doc Num</u>	<u>Name</u>
401016886	Form 07 SUBMITTED
401016894	Monthly Report Of Operations
401016902	Monthly Report Of Operations
401016905	Monthly Report Of Operations
401016906	Monthly Report Of Operations

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)