



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>72185</u>	Contact Name and Telephone:
Name of Operator: <u>PRODUCTION MANAGEMENT INC</u>	Name: <u>William Warren</u>
Address: <u>5000 BUTTE ST #107</u>	Phone: <u>(720) 3811314</u> Fax: <u>( )</u>
City: <u>BOULDER</u> State: <u>CO</u> Zip: <u>80301</u>	Email: <u>williamwarren@hotmail.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: William Warren  
 Title: President Date: 4/8/2016 Email: williamwarren@hotmail.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	017-07636-00	COE TRUST 21-18 A	MRRW	PR
2	017-07160-00	COE TRUST 12B-18 #2	STLSP	IJ

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**

401024865

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)