



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>50910</u>	Contact Name and Telephone:
Name of Operator: <u>LINN BROS OIL & GAS INC.</u>	Name: <u>Catherine Linn</u>
Address: <u>P O BOX 416</u>	Phone: <u>(970) 858-3733</u> Fax: <u>()</u>
City: <u>FRUITA</u> State: <u>CO</u> Zip: <u>81521-416</u>	Email: <u>clinn@fruitawireless.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: Catherine Linn

Title: Administrator Date: 4/15/2016 Email: clinn@fruitawireless.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: 9 Approved: 9 Modified: 0 Deleted: 0

Total 9 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	077-08170-00	FEDERAL #18-13	DKTA	PR
2	077-08170-00	FEDERAL #18-13	MRSN	SI
3	077-08287-00	FEDERAL #41-19	DKTA	PR
4	077-08234-00	FEDERAL 14-24	DKTA	PR
5	077-08372-00	FEDERAL #33-19	MRSN	PR
6	077-08366-00	GOVERNMENT #1-19-84	DKTA	SI
7	077-08366-00	GOVERNMENT #1-19-84	MRSN	SI
8	077-08472-00	GOVERNMENT #2-19-84	MRSN	PR
9	077-08405-00	FEDERAL 1-24	MRSN	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

Att Doc Num

Name

401030802	Form 07 SUBMITTED
401030803	Monthly Report Of Operations

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)