



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) 6549200</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: 5/17/2016 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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-------------------|----------------|-------------|
| Report Month: 03/2016 | | | | |
| 1 | 123-29168-00 | HPD PLATTEVILLE 1 | DJINJ | IJ |
| 2 | 123-39710-00 | HPD PLATTEVILLE 2 | DJINJ | 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

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)