



**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 Approved: 2 Modified: 1 Deleted: 0

Total 2 Approved

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

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2016				
1	123-29168-00	HPD PLATTEVILLE 1	N-COM	IJ

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**      **Name**

401048791	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)