



**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 &amp; 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: 5/17/2016 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 In Process: 9 Modified: 0 Deleted: 0

Total 9 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2016				
1	077-08170-00	FEDERAL #18-13	DKTA	SI
2	077-08170-00	FEDERAL #18-13	MRSN	SI
3	077-08287-00	FEDERAL #41-19	DKTA	SI
4	077-08234-00	FEDERAL 14-24	DKTA	SI
5	077-08372-00	FEDERAL #33-19	MRSN	SI
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	SI
9	077-08405-00	FEDERAL 1-24	MRSN	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

**Att Doc Num**

**Name**

401049288	Monthly Report Of Operations
401049289	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)