



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10096</u>	Contact Name and Telephone:
Name of Operator: <u>MONAGO OPERATING INC</u>	Name: <u>Cailan Matthews</u>
Address: <u>12 DOS RIOS</u>	Phone: <u>(970) 3020888</u> Fax: <u>()</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80634</u>	Email: <u>cailanmatthews@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: Cailan Matthews
Title: ADMINISTRATIVE ASSISTANT Date: 8/2/2016 Email: cailanmatthews@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: 12 Approved: 12 Modified: 0 Deleted: 0

Total 12 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	123-11105-00	HOMYAK 1	CODL	PR
2	123-12028-00	KNISTER 3	NB-CD	PR
3	123-12079-00	KAMMERZELL 1	NB-CD	PR
4	123-12295-00	ADAMS 1	NB-CD	PR
5	123-13121-00	GEISERT 1-11	NB-CD	PR
6	123-13205-00	NOFFSINGER 2-4	NB-CD	PR
7	123-13230-00	GEISERT 8-11	NB-CD	PR
8	123-13582-00	GEISERT 5-12	NB-CD	PR
9	123-13191-00	ANDERSON 3-29	NB-CD	PR
10	123-13010-00	FARR FARMS-UPRR 41-31	NB-CD	PR
11	123-13207-00	HOSHIKO 2-33	NB-CD	PR
12	123-13569-00	WINTERS 10-19	NB-CD	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

401087710

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)