



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>75480</u>	Contact Name and Telephone:
Name of Operator: <u>RWL ENTERPRISES</u>	Name: <u>Neeley Hatridge</u>
Address: <u>P O BOX 2312</u>	Phone: <u>(661) 304-6166</u> Fax: <u>( )</u>
City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93303</u>	Email: <u>nhatridge@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: Neeley Hatridge  
Title: Clerical Assistant Date: 8/20/2016 Email: nhatridge@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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2016				
1	123-11455-00	GREELEY TECH CENTER #41-5	CODL	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**

401096582

Imported Data

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)