



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10314</u>	Contact Name and Telephone:
Name of Operator: <u>DSCHAAK CONSULTING LLC</u>	Name: <u>Jim Dschaak</u>
Address: <u>410 WOODBURG DR</u>	Phone: <u>(970) 6299900</u> Fax: <u>()</u>
City: <u>CRAIG</u> State: <u>CO</u> Zip: <u>81625</u>	Email: <u>jldschaak@nctelecom.net</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: Jim Dschaak
 Title: Owner Date: 9/8/2016 Email: jldschaak@nctelecom.net

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: 10 Approved: 10 Modified: 10 Deleted: 0

Total 10 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
7	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 11/2015				
8	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 10/2015				
9	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 09/2015				
10	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 06/2016				
1	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 05/2016				
2	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 04/2016				
3	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 03/2016				
4	103-09519-00	PRF C-1W	MVRD	IJ

Report Month: 02/2016				
5	103-09519-00	PRF C-1W	MVRD	IJ
Report Month: 01/2016				
6	103-09519-00	PRF C-1W	MVRD	IJ

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Report Month: 01/2016				
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Total 0 Deleted

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

Attachment Check List

Att Doc Num

Name

401106127	Form 07 SUBMITTED
401106129	Imported Data

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)