



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|---|
| OGCC Operator Number: <u>10391</u> | Contact Name and Telephone: |
| Name of Operator: <u>STONEHAM PRODUCTION LLC</u> | Name: <u>William Penney</u> |
| Address: <u>5945 ZINNIA COURT</u> | Phone: <u>(720) 8817102</u> Fax: <u>(720) 8817101</u> |
| City: <u>ARVADA</u> State: <u>CO</u> Zip: <u>80004</u> | Email: <u>sierragas@aol.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: Anthony Benedetti
 Title: Consultant Date: 9/29/2016 Email: avbenedetti@msn.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 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 01/2016 | | | | |
| 1 | 123-14696-05 | CRAIG 2 | DSND | PR |
| 2 | 123-17621-05 | CRAIG 3 | DSND | 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

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)