

**OPERATOR'S MONTHLY REPORT OF OPERATIONS****OPERATOR INFORMATION**

OGCC Operator Number: <u>10506</u>	Contact Name and Telephone:
Name of Operator: <u>SEELEY OIL COMPANY LLC</u>	Name: <u>Leah Allen</u>
Address: <u>PO BOX 9015</u>	Phone: <u>(970) 565-2136</u> Fax: <u>(970) 565-7508</u>
City: <u>SALT LAKE</u> State: <u>UT</u> Zip: <u>84109</u>	Email: <u>leah@seeleyoil.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: Leah Allen

Title: Agent Date: 10/28/2016 Email: leah@seeleyoil.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: 01/2016				
1	083-06605-00	SLEEPING UTE 4	ISMAY	SI
2	083-06578-00	YELLOW JACKET 2-26	ISMAY	SI
3	083-06567-00	YELLOW JACKET 1-26	ISMAY	SI
4	083-06603-00	SLEEPING UTE 5	ISMAY	SI
5	083-06564-00	SLEEPING UTE 3	ISMAY	SI
6	083-06560-00	SLEEPING UTE 2	ISMAY	SI
7	083-06541-00	SAGEBRUSH 1	ISMAY	SI
8	083-06698-00	LITTLE UTE 2	ISMAY	SI
9	083-06553-00	LITTLE UTE 1	ISMAY	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**

401136884	Imported Data
401136885	Imported Data
401136886	Imported Data

Total Attach: 3 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)