

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/12/2017

Document Number:

2225743

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>5560</u>	Contact Name and Telephone:
Name of Operator: <u>BP ENERGY INC</u>	Name: <u>VAN K. BULLOCK</u>
Address: <u>PO BOX 484</u>	Phone: <u>(303) 843-0973</u> Fax: <u>()</u>
City: <u>MORRISON</u> State: <u>CO</u> Zip: <u>80465-0484</u>	Email: <u>NOMAIL@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: VAN K. BULLOCKTitle: PRESIDENT Date: 12/30/2016 Email: NOMAIL@GMAIL.COMBy 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: 18 Approved: 18 Modified: 0 Deleted: 0

Total 18 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2016				
1	001-08831-00	HASKINS 1	JSND	PR
2	001-08831-00	HASKINS 1	DSND	SI
Report Month: 08/2016				
3	001-08831-00	HASKINS 1	JSND	PR
4	001-08831-00	HASKINS 1	DSND	SI
Report Month: 07/2016				
5	001-08831-00	HASKINS 1	JSND	PR
6	001-08831-00	HASKINS 1	DSND	SI
Report Month: 06/2016				
7	001-08831-00	HASKINS 1	JSND	PR
8	001-08831-00	HASKINS 1	DSND	SI
Report Month: 05/2016				
9	001-08831-00	HASKINS 1	JSND	PR
10	001-08831-00	HASKINS 1	DSND	SI
Report Month: 04/2016				
11	001-08831-00	HASKINS 1	JSND	PR
12	001-08831-00	HASKINS 1	DSND	SI

Report Month: 03/2016				
13	001-08831-00	HASKINS 1	JSND	PR
14	001-08831-00	HASKINS 1	DSND	SI
Report Month: 02/2016				
15	001-08831-00	HASKINS 1	JSND	PR
16	001-08831-00	HASKINS 1	DSND	SI
Report Month: 01/2016				
17	001-08831-00	HASKINS 1	JSND	PR
18	001-08831-00	HASKINS 1	DSND	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

2225743

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

--

--

Stamp Upon Approval

Total: 0 comment(s)