



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>DIANEBULLOCK1@YAHOO.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. BULLOCK
Title: PRESIDENT Date: 2/21/2017 Email: DIANEBULLOCK1@YAHOO.C

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: 6 Approved: 6 Modified: 0 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2016				
1	001-08831-00	HASKINS 1	JSND	SI
2	001-08831-00	HASKINS 1	DSND	SI
Report Month: 11/2016				
3	001-08831-00	HASKINS 1	JSND	PR
4	001-08831-00	HASKINS 1	DSND	SI
Report Month: 12/2016				
5	001-08831-00	HASKINS 1	JSND	PR
6	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

2226057

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)