



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

|  |  |
|--|--|
| OGCC Operator Number: <u>10602</u>                         | Contact Name and Telephone:                  |
| Name of Operator: <u>MCCLANE ENERGY INC</u>                | Name: <u>Gene McClane</u>                    |
| Address: <u>1412 103 RD AVE</u>                            | Phone: <u>(303) 877-9919</u> Fax: <u>( )</u> |
| City: <u>NORTHGLENN</u> State: <u>CO</u> Zip: <u>80260</u> | Email: <u>genemcclane@hotmail.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: Linda Pavelka

Title: Agent Date: 6/7/2017 Email: lindapavelkalp@Gmail.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: 1 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

| No                    | API #        | Well Name   | Formation Code | Well Status |
|-----------------------|--------------|-------------|----------------|-------------|
| Report Month: 10/2015 |              |             |                |             |
| 1                     | 001-08191-00 | VAN SCOYK 1 | SUSX           | SI          |

Total 1 Modified

| No                    | API #        | Well Name   | Formation Code | Well Status |
|-----------------------|--------------|-------------|----------------|-------------|
| Report Month: 10/2015 |              |             |                |             |
| 1                     | 001-08191-00 | VAN SCOYK 1 | SUSX           | SI          |

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**      **Name**

|           |                   |
|-----------|-------------------|
| 401302850 | Form 07 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)