



**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 Paelka

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: 01/2016				
1	001-08191-00	VAN SCOYK 1	SUSX	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	001-08191-00	VAN SCOYK 1	SUSX	PR

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**      **Name**

401302976	Form 07 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)