



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>(877) -9919</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: 05/2016				
1	001-08191-00	VAN SCOYK 1	SUSX	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2016				
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**

401303162	Form 07 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)