



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10177</u>	Contact Name and Telephone:
Name of Operator: <u>ENERPLUS RESOURCES (USA) CORPORATION</u>	Name: <u>Susana Mckenzie</u>
Address: <u>950 17TH STREET #2200</u>	Phone: <u>(720) 2795500</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>smckenzie@enerplus.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: Susana Mckenzie

Title: Senior Engineering Techni Date: 7/13/2017 Email: smckenzie@enerplus.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: 05/2017				
1	123-44539-00	MAPLE 8-67-36-25C	N-COM	WO

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2017				
1	123-44539-00	MAPLE 8-67-36-25C	N-COM	WO

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**      **Name**

401340236	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)