



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10654</u>	Contact Name and Telephone:
Name of Operator: <u>LASSO OIL &amp; GAS LLC</u>	Name: <u>Linda Gordon</u>
Address: <u>3021 RIDGE RD #156</u>	Phone: <u>(970) 629-1116</u> Fax: <u>(970) 675-8558</u>
City: <u>ROCKWALL</u> State: <u>TX</u> Zip: <u>75032</u>	Email: <u>lcgordon1@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: Linda Gordon

Title: Production Reports Date: 8/15/2017 Email: lcgordon1@yahoo.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2017				
1	103-08123-00	CONTINENTAL 1-17	MNCSB	PR
2	103-05337-00	NEWTON 25A	MNCS	PR

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**

401376406	Imported Data
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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)