



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>88265</u>	Contact Name and Telephone:
Name of Operator: <u>TIGGES OIL LLC</u>	Name: <u>Jamie Hood</u>
Address: <u>12406 WCR 64 1/2</u>	Phone: <u>(970) 371-4857</u> Fax: <u>()</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</u>	Email: <u>jraehood@gmail.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: Jamie Hood

Title: Agent Date: 9/9/2017 Email: jraehood@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: 12 In Process: 12 Modified: 0 Deleted: 0

Total 12 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 02/2016				
2	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 03/2016				
3	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 04/2016				
4	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 05/2016				
5	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 06/2016				
6	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 07/2016				
7	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 08/2016				
8	123-14072-00	TIGGES 3-31B	NB-CD	PR

Report Month: 09/2016				
9	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 10/2016				
10	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 11/2016				
11	123-14072-00	TIGGES 3-31B	NB-CD	PR
Report Month: 12/2016				
12	123-14072-00	TIGGES 3-31B	NB-CD	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**

401399113	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)