



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10363</u>	Contact Name and Telephone:
Name of Operator: <u>SCHUTZ* RICHARD E</u>	Name: <u>SHERRY SCHUTZ</u>
Address: <u>PO BOX 66</u>	Phone: <u>(970) 2644436</u> Fax: <u>()</u>
City: <u>CHROMO</u> State: <u>CO</u> Zip: <u>81128</u>	Email: <u>NOMAIL@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: SHERRY SCHUTZ
Title: AGENT Date: 9/19/2017 Email: NOMAIL@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: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2017				
1	007-05038-00	FITZHUGH 6	MNCS	TA
Report Month: 07/2017				
2	007-05038-00	FITZHUGH 6	MNCS	TA
Report Month: 06/2017				
3	007-05038-00	FITZHUGH 6	MNCS	TA
Report Month: 05/2017				
4	007-05038-00	FITZHUGH 6	MNCS	TA

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

2227540

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)