

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
01/13/2018

Document Number:
401470155

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|--|
| OGCC Operator Number: <u>10421</u> | Contact Name and Telephone: |
| Name of Operator: <u>PETROLEUM RESOURCE MANAGEMENT CORP.</u> | Name: <u>Rick Obernolte</u> |
| Address: <u>1580 LINCOLN ST., STE 635</u> | Phone: <u>(303) 660-9633</u> Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | Email: <u>rickobe1@aol.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: Rick Obernolte

Title: Agent Date: 1/13/2018 Email: rickobe1@aol.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

The vertical well WPU 36-1V (05-081-07799-00) has been plugged to drill and complete the horizontal well WPU 36-1V-H1 (05-081-07799-01). Reporting on the vertical well will continue until the completion forms (5 and 5A) have been submitted and approved for the horizontal well.

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: 10/2017 | | | | |
| 1 | 081-07799-00 | WPU-36 1V | NBRR | PA |
| 2 | 081-07799-01 | WPU-36 1V | NBRR | 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**

| | |
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| | |
|--|--|

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)