



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: <u>76840</u> | Contact Name and Telephone: |
| Name of Operator: <u>SCHNEIDER ENERGY SERVICES INC</u> | Name: <u>Molly Conrad</u> |
| Address: <u>P O BOX 889</u> | Phone: <u>(406) 628-4165</u> Fax: <u>(406) 628-4488</u> |
| City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u> | Email: <u>molly@crazymtn.org</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: Molly Conrad
 Title: Agent Date: 2/8/2018 Email: molly@crazymtn.org

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: 0 Deleted: 0

Total 1 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------------|----------------|-------------|
| Report Month: 10/2017 | | | | |
| 1 | 001-07899-00 | THOMPSON #43-13 | JSND | 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

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 401540515 | Form 07 SUBMITTED |
| 401540516 | Imported Data |

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)