



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>67165</u>	Contact Name and Telephone:
Name of Operator: <u>PAPE OILFIELD SERVICE INC</u>	Name: <u>Marci Chase</u>
Address: <u>P O BOX 66</u>	Phone: <u>(307) 472-5257</u> Fax: <u>(307) 266-0177</u>
City: <u>BENNETT</u> State: <u>CO</u> Zip: <u>80102</u>	Email: <u>mchase53@bresnan.net</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: Marci Chase
Title: consultant Date: 2/8/2018 Email: mchase53@bresnan.net

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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	123-05046-00	SARGENT FARMS A 1-A	JSND	PR
2	123-08263-00	SARGENT FARMS B 2-B	JSND	PR
3	001-06912-00	PILAND 3	JSND	PR
4	001-07421-00	PILAND 4	JSND	PR
5	001-06913-00	PILAND 1-6	JSND	PR
6	001-07444-00	PILAND 1-12	JSND	PR
7	001-07552-00	CHAMPLIN DANFORD	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>
401541113	Form 07 SUBMITTED
401541115	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)