



**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>SHERR SCHUTZ</u>
Address: <u>PO BOX 66</u>	Phone: <u>(970) 264-4436</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: SHERR SCHUTZ

Title: SHERRY SCHUTZ Date: 6/22/2018 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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2017				
1	007-05038-00	FITZHUGH 6	MNCS	PR
Report Month: 10/2017				
2	007-05038-00	FITZHUGH 6	MNCS	PR
Report Month: 11/2017				
3	007-05038-00	FITZHUGH 6	MNCS	PR
Report Month: 12/2017				
4	007-05038-00	FITZHUGH 6	MNCS	PR
Report Month: 01/2018				
5	007-05038-00	FITZHUGH 6	MNCS	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**

2301419

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)