



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>100547</u>	Contact Name and Telephone:
Name of Operator: <u>TOWN OF ERIE</u>	Name: <u>Benjamin Pittsley</u>
Address: <u>PO BOX 750</u>	Phone: <u>(603) 2195011</u> Fax: <u>()</u>
City: <u>ERIE</u> State: <u>CO</u> Zip: <u>80516</u>	Email: <u>bp@s-companies.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: Benjamin Pittsley
 Title: CEO Date: 12/18/2018 Email: bp@s-companies.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: 1 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2018				
1	013-06186-00	ADAMS 1	CODL	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2018				
1	013-06186-00	ADAMS 1	CODL	PR

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

Att Doc Num

Name

401879501	Form 07 SUBMITTED
401879552	ERROR REPORT

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)