



**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: 1/11/2019 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: 12/2018				
1	013-06186-00	ADAMS 1	CODL	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2018				
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**

401902879	Form 07 SUBMITTED
401903915	ERROR REPORT

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)