



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) 219-5011</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: 3/26/2019 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: 02/2019				
1	013-06186-00	ADAMS 1	CODL	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2019				
1	013-06186-00	ADAMS 1	CODL	PR

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401985106	Form 07 SUBMITTED
401985288	DELINQUENT REPORT
401985292	ERROR REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)