

Form  
7  
Rev 1/99



State of Colorado Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax: 894-2109  
**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

For OGCC Use Only  
RECEIVED  
APR 10 2000

Month of: January Year 2000  
OGCC  
Operator Number: 79005  
Name of Operator: Silverado Oil  
☐ Check if data is revised. Report only revised wells.

Address: 1220 11th Av. # 201  
Greeley CO 80631  
Phone: (970) 356-0505  
Fax: (970) 356-0506

\*Water Disposal Codes:  
M = Commercial Disposal  
C = Central Disposal  
P = Pit  
I = Injected

| API Number                             | Formation Code          |                        | QQ          | Sec        | Oil       |          |          |            |           | Grav        | Water               | Surface Inj. Pres. Water |     |
|--|-------------------------|------------------------|-------------|------------|-----------|----------|----------|------------|-----------|-------------|---------------------|--------------------------|-----|
|  | Well Status             | Days Prod              |             |            | BOM       | Produced | Sold     | Adjustment | EOM       |             | Production          | Tbg                      | Csg |
| Well Name and Number                   |                         |                        | TWP         | Range      | Produced  | Flared   | Used     | Shrink     | Sold      | BTU         | Water Disposal Code | Tbg                      | Csg |
| <del>0012312082</del> <u>Mapelli 5</u> | <del>CD</del> <u>PR</u> | <del>00</del> <u>0</u> | <u>NWSW</u> | <u>20</u>  | <u>67</u> | <u>-</u> | <u>-</u> | <u>-</u>   | <u>67</u> | <u>37</u>   |                     |                          |     |
|  | <u>SI</u>               |                        | <u>7N</u>   | <u>65W</u> | <u>-</u>  | <u>-</u> | <u>-</u> | <u>-</u>   | <u>-</u>  | <u>1334</u> |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |
|  |                         |                        |             |            |           |          |          |            |           |             |                     |                          |     |

I hereby certify that the statements made in this form are, to the best of knowledge, true, correct and complete.

Print Name: Venetta Mitich Signed: Venetta Mitich Title: Office Manager Date: March 10/2000