

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
07/13/2019

Document Number:
402107634

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|---|
| OGCC Operator Number: <u>10695</u> Name of Operator: <u>BEHRENS RESOURCES INC</u> Address: <u>PO BOX 188</u> City: <u>DEER TRAIL</u> State: <u>CO</u> Zip: <u>80135</u> | Contact Name and Telephone: Name: <u>Linda Pavelka</u> Phone: <u>(303) 506-4592</u> Fax: <u>()</u> Email: <u>lindapavelkalp@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: Linda Pavelka

Title: Agent Date: 7/13/2019 Email: lindapavelkalp@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: 6 In Process: 6 Modified: 0 Deleted: 0

Total 6 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|--------------------------|----------------|-------------|
| Report Month: 12/2018 | | | | |
| 1 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |
| Report Month: 01/2019 | | | | |
| 2 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |
| Report Month: 02/2019 | | | | |
| 3 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |
| Report Month: 03/2019 | | | | |
| 4 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |
| Report Month: 04/2019 | | | | |
| 5 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |
| Report Month: 05/2019 | | | | |
| 6 | 001-07672-00 | FARM RANCH EXPLORATION 2 | DSND | SI |

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**

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)