



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10695</u>	Contact Name and Telephone:
Name of Operator: <u>BEHRENS RESOURCES INC</u>	Name: <u>Linda Pavelka</u>
Address: <u>PO BOX 188</u>	Phone: <u>(303) 506-4592</u> Fax: <u>( )</u>
City: <u>DEER TRAIL</u> State: <u>CO</u> Zip: <u>80135</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: Regulatory 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 Approved: 6 Modified: 0 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2018				
1	005-06345-00	REEVES 28-31	DSND	SI
Report Month: 01/2019				
2	005-06345-00	REEVES 28-31	DSND	SI
Report Month: 02/2019				
3	005-06345-00	REEVES 28-31	DSND	SI
Report Month: 03/2019				
4	005-06345-00	REEVES 28-31	DSND	SI
Report Month: 04/2019				
5	005-06345-00	REEVES 28-31	DSND	SI
Report Month: 05/2019				
6	005-06345-00	REEVES 28-31	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**

402107612	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)