



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

|   |  |
|---|--|
| OGCC Operator Number: <u>88265</u>                      | Contact Name and Telephone:                  |
| Name of Operator: <u>TIGGES OIL LLC</u>                 | Name: <u>Linda Pavelka</u>                   |
| Address: <u>12406 WCR 64 1/2</u>                        | Phone: <u>(303) 506-4592</u> Fax: <u>( )</u> |
| City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80631</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: 7/21/2019 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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

| No                    | API #        | Well Name   | Formation Code | Well Status |
|-----------------------|--------------|-------------|----------------|-------------|
| Report Month: 06/2019 |              |             |                |             |
| 1                     | 123-10293-00 | TURNER 1-31 | SUSX           | PR          |

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<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)