



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>76830</u>	Contact Name and Telephone:
Name of Operator: <u>SCHMID PROPERTIES INC</u>	Name: <u>W A SCHMID III</u>
Address: <u>PO BOX 389</u>	Phone: <u>(254) 7962100</u> Fax: <u>(254) 7962200</u>
City: <u>HICO</u> State: <u>TX</u> Zip: <u>76457</u>	Email: <u>NOMAIL@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: W A SCHMID III  
Title: VP Date: 11/4/2019 Email: NOMAIL@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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2019				
1	121-10216-00	FASSLER 1-28	JSND	PR
2	121-08595-00	CLARK 7-35	DSND	PR
3	121-08561-00	CLARK 8-35	DSND	PR
4	121-08512-00	CLARK 10-35	DSND	PR
5	121-08506-00	CLARK 2-35	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**

1949462

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)