



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>16520</u>	Contact Name and Telephone:
Name of Operator: <u>CHEMCO INC</u>	Name: <u>MORGAN NEHER</u>
Address: <u>6970 SOUTH HOLLY CIR STE 206</u>	Phone: <u>(303) 771-7777</u> Fax: <u>( )</u>
City: <u>CENTENNIAL</u> State: <u>CO</u> Zip: <u>80112</u>	Email: <u>MORGANNEHER@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: MORGAN NEHER  
Title: AGENT Date: 12/31/2019 Email: MORGANNEHER@GMAIL.CO

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: 07/2018				
1	061-06378-00	WEAR 2	MSSP	TA
Report Month: 08/2018				
2	061-06378-00	WEAR 2	MSSP	TA
Report Month: 06/2019				
3	061-06378-00	WEAR 2	MSSP	TA
Report Month: 09/2019				
4	061-06378-00	WEAR 2	MSSP	TA
Report Month: 10/2019				
5	061-06378-00	WEAR 2	MSSP	TA
Report Month: 11/2019				
6	061-06378-00	WEAR 2	MSSP	TA

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**

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Total Attach: 0 Files

## General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)