

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:

01/03/2020

Document Number:

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OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10556</u>	Contact Name and Telephone:
Name of Operator: <u>PLUG NICKEL OIL COMPANY INC</u>	Name: <u>LANA HOGUE</u>
Address: <u>2552 NORTH 500 EAST</u>	Phone: <u>(435) 789-8479</u> Fax: <u>()</u>
City: <u>VERNAL</u> State: <u>UT</u> Zip: <u>84078</u>	Email: <u>HOGUE@STRATANET.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: LANA HOGUE

Title: SECRETARY Date: 1/3/2020 Email: HOGUE@STRATANET.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: 19 In Process: 19 Modified: 0 Deleted: 0

Total 19 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2019				
1	103-07233-00	HUSKY 51	MNCS	PR
2	103-05424-00	HUSKY 20	MNCS	PR
5	103-06444-00	USA PAN AM 16-4	MNCS	PR
11	103-05323-00	MURPHY A-4	MNCS	SI
12	103-05309-00	MURPHY A-2	MNCS	SI
13	103-05307-00	MURPHY-GOVERNMENT 1-B	MNCS	SI
16	103-40037-00	UNITED B-18	MNCS	PR
17	103-40056-00	UNITED 19-S-5	MNCS	PR
Report Month: 08/2019				
3	103-40037-00	UNITED B-18	MNCS	PR
4	103-40056-00	UNITED 19-S-5	MNCS	PR
8	103-05323-00	MURPHY A-4	MNCS	SI
9	103-05309-00	MURPHY A-2	MNCS	SI
10	103-05307-00	MURPHY-GOVERNMENT 1-B	MNCS	SI
14	103-07233-00	HUSKY 51	MNCS	PR
15	103-05424-00	HUSKY 20	MNCS	PR

Report Month: 07/2019				
6	103-07233-00	HUSKY 51	MNCS	PR
7	103-05424-00	HUSKY 20	MNCS	PR
18	103-40037-00	UNITED B-18	MNCS	PR
19	103-40056-00	UNITED 19-S-5	MNCS	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

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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)