



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>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: LANA HOGUE

Title: SECRETARY Date: 10/9/2019 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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2019				
1	103-40037-00	UNITED B-18	MNCS	PR
2	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

1309003

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)