



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10763</u>	Contact Name and Telephone:
Name of Operator: <u>BNL (ENTERPRISE) INC</u>	Name: <u>Trent Spry</u>
Address: <u>5 TAMARADE DRIVE</u>	Phone: <u>(303) 942-0506</u> Fax: <u>( )</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80127</u>	Email: <u>tspry@bluestarhelium.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: Andrea Gross

Title: Permit Agent Date: 5/19/2022 Email: agross@upstreampm.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: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2022				
1	071-09918-00	Enterprise State 16-1 (2962)	LYNS	DG
Report Month: 03/2022				
2	071-09918-00	Enterprise State 16-1 (2962)	LYNS	DG
Report Month: 04/2022				
3	071-09918-00	Enterprise State 16-1 (2962)	LYNS	DG
Report Month: 01/2022				
4	071-09918-00	Enterprise State 16-1 (2962)	LYNS	DG

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 List

**Att Doc Num**

**Name**

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Total Attach: 0 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)