

FORM  
07

Rev  
08/15

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:

05/02/2023

Document Number:

403366581

**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

|  |   |
|--|---|
| OGCC Operator Number: <u>10795</u>                       | Contact Name and Telephone:                             |
| Name of Operator: <u>CEH OPERATING LLC</u>               | Name: <u>Audrey Bleich</u>                              |
| Address: <u>11838 W YALE PL</u>                          | Phone: <u>(303) 298-7262</u> Fax: <u>(303) 623-3021</u> |
| City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u> | Email: <u>ableich@ondrishcpa.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: Audrey Bleich

Title: CPA Date: 5/2/2023 Email: ableich@ondrishcpa.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: 02/2023 |              |              |                |             |
| 1                     | 123-35227-00 | MCCOY 13-33  | NB-CD          | SI          |
| 2                     | 123-35226-00 | MCCOY 14-33  | NB-CD          | PR          |
| 3                     | 123-35231-00 | MCCOY 23-33  | NB-CD          | PR          |
| 4                     | 123-35230-00 | MCCOY 24-33  | NB-CD          | PR          |
| 5                     | 123-35229-00 | MCCOY 2-6-33 | NB-CD          | 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 List

Att Doc Num

Name

403366581

Form 07 SUBMITTED

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

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Stamp Upon  
Approval

Total: 0 comment(s)