



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10193</u>	Contact Name and Telephone:
Name of Operator: <u>JFH OIL &amp; GAS LLC</u>	Name: <u>MICHELLE FERRI</u>
Address: <u>P.O. BOX 967</u>	Phone: <u>(303) 622-9499</u> Fax: <u>(303) 622-9497</u>
City: <u>STRASBURG</u> State: <u>CO</u> Zip: <u>80136</u>	Email: <u>ddwater@tds.net</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: MICHELLE FERRI

Title: OFFICE MANAGER Date: 9/16/2015 Email: ddwater@tds.net

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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2014				
1	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 11/2014				
2	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 10/2014				
3	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 09/2014				
4	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 08/2014				
5	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 07/2014				
6	005-06417-00	PRITCHETTE GREEN 1	JSND	SI
Report Month: 06/2014				
7	005-06417-00	PRITCHETTE GREEN 1	JSND	SI

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**

400901048

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)