



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10314</u>	Contact Name and Telephone:
Name of Operator: <u>DSCHAAK CONSULTING LLC</u>	Name: _____
Address: <u>410 WOODBURY DR</u>	Phone: <u>(970) 629-9900</u> Fax: <u>(970) 826-0358</u>
City: <u>CRAIG</u> State: <u>CO</u> Zip: <u>81625</u>	Email: _____

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: JIM DSCHAAK
 Title: PRESIDENT Date: 2/15/2015 Email: _____

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: 0 Approved: 0 Modified: 0 Deleted: 0

Total 0 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

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

User Group	Comment	Comment Date

Total: 0 comment(s)