



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10581</u>	Contact Name and Telephone:
Name of Operator: <u>ABILENE PERFECT ENERGY JV LLC</u>	Name: <u>AL MCGREGOR</u>
Address: <u>4600 PECOS STREET</u>	Phone: <u>(303) 500-3099</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80211</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: AL MCGREGOR  
Title: COO Date: 11/25/2015 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: 09/2015				
1	073-06164-00	1-6 S-S-M MELLOTT 1	CHRK	PR
2	073-06393-02	MOSHER 1-1H	CHRK	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**

2210230	MONTHLY REPORT OF OPERATIONS
400943620	FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)