



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10500</u>	Contact Name and Telephone:
Name of Operator: <u>COACHMAN ENERGY OPERATING COMPANY LLC</u>	Name: <u>DEBORA L. SMITH</u>
Address: <u>1125 17TH STREET SUITE 410</u>	Phone: <u>(720) 476-3678</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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: DEBORA L. SMITH
Title: AGENT Date: 3/15/2016 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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2015				
1	045-22456-00	FEDERAL 14/15-1-21	WMFK	PR
2	045-22458-00	FEDERAL 14/15-2-21	WMFK	PR
3	045-22455-00	FEDERAL 14/15-3-21	WMFK	PR
4	045-22459-00	FEDERAL 14/15-4-21	WMFK	PR
5	045-22457-00	FEDERAL 14/15-5-21	WMFK	PR
6	045-22454-00	FEDERAL 14/15-6-21	WMFK	PR
7	045-22451-00	FEDERAL 14/15-8-21	WMFK	PR
8	045-22460-00	FEDERAL 14/15-7-21	MNCS	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

2212041

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)