



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>12930</u>	Contact Name and Telephone:
Name of Operator: <u>CALCO DBA CALLISTER CO</u>	Name: <u>JAN CALLISTER</u>
Address: <u>1230 W 1400 N</u>	Phone: <u>(801) 718-1886</u> Fax: <u>( )</u>
City: <u>LEHI</u> State: <u>UT</u> Zip: <u>84043</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: JAN CALLISTER  
Title: VICE-PRESIDENT Date: 5/16/2016 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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2016				
1	103-06357-00	CALLISTER-GOVERNMNET 3	MNCS	SI
2	103-06358-00	CALLISTER-GOVERNMENT 4	MNCS	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**

2212829

OPERATOR'S MONTHLY PRODUCTION REPORT (Form 7)

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)