



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: <u>74740</u> | Contact Name and Telephone: |
| Name of Operator: <u>RIO MESA RESOURCES INC</u> | Name: <u>Linda Gordon</u> |
| Address: <u>P.O. BOX 984</u> | Phone: <u>(970) 629-1116</u> Fax: <u>(970) 675-8558</u> |
| City: <u>RANGELY</u> State: <u>CO</u> Zip: <u>81648</u> | Email: <u>lcgordon@centurytel.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: Linda
Title: Gordon Date: 9/18/2016 Email: lcgordon@centurytel.net

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

this is just to fix balance in tanks for these two wells.

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------|----------------|-------------|
| Report Month: 07/2016 | | | | |
| 1 | 103-40058-00 | LUBAUER NO. 4 | MNCS | PR |
| 2 | 103-06371-00 | LUBAUER NO. 7 | 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

401112034

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)