



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

OGCC Operator Number: 10500	Contact Name and Telephone:
Name of Operator: COACHMAN ENERGY OPERATING COMPANY LLC	Name: LIZ MASSEY
Address: 1125 17TH STREET SUITE 410	Phone: (720) 476-3678 Fax: ( )
City: DENVER State: CO Zip: 80202	Email: liz.massey@cynosure-energy.com

## 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: ELIZABETH MASSEY

Title: ACCOUNTANT Date: 4/16/2017 Email: liz.massey@cynosure-

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: 13 In Process: 13 Modified: 0 Deleted: 0

Total 13 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2016				
1	103-11810-00	CEOC 36-24A	MNCSB	PR
2	045-21183-00	FED 6/7-16-21	WMFK	PR
3	045-21181-00	FED 6/7-15-21	WMFK	PR
4	045-21180-00	FED 6/7-14-21	WMFK	PR
5	045-21182-00	FED 6/7-13-21	WMFK	PR
6	045-22456-00	FEDERAL 14/15-1-21	WMFK	PR
7	045-22458-00	FEDERAL 14/15-2-21	WMFK	PR
8	045-22455-00	FEDERAL 14/15-3-21	WMFK	PR
9	045-22459-00	FEDERAL 14/15-4-21	WMFK	PR
10	045-22457-00	FEDERAL 14/15-5-21	WMFK	PR
11	045-22454-00	FEDERAL 14/15-6-21	WMFK	PR
12	045-22460-00	FEDERAL 14/15-7-21	MNCS	PR
13	045-22451-00	FEDERAL 14/15-8-21	WMFK	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**

401259975	Imported Data
401259976	Imported Data
401259977	Imported Data

Total Attach: 3 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)