

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

03/26/2019

Document Number:

401985327

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|---|
| OGCC Operator Number: <u>100547</u> | Contact Name and Telephone: |
| Name of Operator: <u>TOWN OF ERIE</u> | Name: <u>Benjamin Pittsley</u> |
| Address: <u>PO BOX 750</u> | Phone: <u>(603) 2195011</u> Fax: <u>()</u> |
| City: <u>ERIE</u> State: <u>CO</u> Zip: <u>80516</u> | Email: <u>BP@S-Companies.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: Benjamin PittsleyTitle: CEO Date: 3/26/2019 Email: BP@S-Companies.comBy checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed ☐

Operator Comments:

I am resubmitting February 2019's report, just submitted earlier today. I wanted to include begining and ending crude balances. I am also submitting our January 2019 report. I noticed on our "delinquent" report that October 2018 was never submitted. The town of Erie took this well over November 1st, so I believe October 2018's Form 7 should be the responsibility of the seller. If I'm incorrect, please let me know; 603-219-5011. Thank You.

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: 01/2019 | | | | |
| 1 | 013-06186-00 | ADAMS 1 | CODL | PR |
| Report Month: 02/2019 | | | | |
| 2 | 013-06186-00 | ADAMS 1 | CODL | 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

401985327

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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| Stamp Upon Approval |
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Total: 0 comment(s)