



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>31257</u>	Contact Name and Telephone:
Name of Operator: <u>FRITZLER RESOURCES INC</u>	Name: <u>Gene Fritzler</u>
Address: <u>P O BOX 114</u>	Phone: <u>(970) 7680845</u> Fax: <u>(866) 4374804</u>
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>gfritzler12@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: Gene Fritzler
 Title: VP Date: 11/30/2019 Email: gfritzler12@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: 10 In Process: 10 Modified: 0 Deleted: 0

Total 10 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2019				
1	121-08122-00	GILBERT #1	JSND	TA
Report Month: 02/2019				
2	121-08122-00	GILBERT #1	JSND	TA
Report Month: 03/2019				
3	121-08122-00	GILBERT #1	JSND	TA
Report Month: 04/2019				
4	121-08122-00	GILBERT #1	JSND	TA
Report Month: 05/2019				
5	121-08122-00	GILBERT #1	JSND	TA
Report Month: 06/2019				
6	121-08122-00	GILBERT #1	JSND	TA
Report Month: 07/2019				
7	121-08122-00	GILBERT #1	JSND	PA
Report Month: 08/2019				
8	121-08122-00	GILBERT #1	JSND	PA

Report Month: 09/2019				
9	121-08122-00	GILBERT #1	JSND	PA
Report Month: 10/2019				
10	121-08122-00	GILBERT #1	JSND	PA

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

402250707	Imported Data
402250708	Imported Data

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)