



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|-------------------------------|
| OGCC Operator Number: 81490 | Contact Name and Telephone: |
| Name of Operator: ST CROIX OPERATING INC | Name: Marlin Sjaarda |
| Address: P O BOX 13799 | Phone: (763) 5684236 Fax: () |
| City: DENVER State: CO Zip: 80201 | Email: stcroixop@gmail.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: Marlin Sjaarda

Title: Contract CFO Date: 3/14/2020 Email: stcroixop@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: 6 In Process: 6 Modified: 0 Deleted: 0

Total 6 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|----------------------|----------------|-------------|
| Report Month: 01/2020 | | | | |
| 1 | 121-10609-00 | HEIMERMAN 18-2 | JSND | PR |
| 2 | 121-10618-00 | VOLBERDING FARMS 7-1 | JSND | PR |
| 3 | 121-08871-00 | STATE OF COLO. 2-16 | JSND | PR |
| 4 | 121-10990-00 | STATE 11-16 | JSND | IJ |
| 5 | 121-11082-00 | PRONGHORN 1 | JSND | SI |
| 6 | 121-11087-00 | SHOTGUN 1 | JSND | 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

402343113

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)