



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>66561</u>	Contact Name and Telephone:
Name of Operator: <u>OXY USA INC</u>	Name: <u>Derek Holtz</u>
Address: <u>PO BOX 27757 #110</u>	Phone: <u>(713) 3665571</u> Fax: <u>( )</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227-7757</u>	Email: <u>Derek_Holtz@oxy.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: Derek Holtz  
 Title: Accountant Date: 7/30/2020 Email: Derek\_Holtz@oxy.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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2020				
1	055-06073-00	SHEEP MOUNTAIN 0005-09A	DKTA	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**

402456288	Imported Data
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)