



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>3990</u>	Contact Name and Telephone:
Name of Operator: <u>ARGONEX COMPANY LLC</u>	Name: <u>Larry Hartnett</u>
Address: <u>PO BOX 810</u>	Phone: <u>(936) 5901179</u> Fax: <u>( )</u>
City: <u>SEDALIA</u> State: <u>CO</u> Zip: <u>80135</u>	Email: <u>ularry@attglobal.net</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: Larry Hartnett

Title: Consultant Date: 4/3/2021 Email: ularry@attglobal.net

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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2021				
1	001-08472-00	CHAMPLIN (HER) 1-1	DSND	PR
2	001-08723-00	CHAMPLIN (HER) 2-8	DSND	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 List

**Att Doc Num**

**Name**

402647727

Imported Data

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)