



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10590</u>	Contact Name and Telephone:
Name of Operator: <u>GRIZZLY OPERATING LLC</u>	Name: <u>Tracy Meyer</u>
Address: <u>1660 LINCOLN ST SUITE 2200</u>	Phone: <u>(303) 298-7262</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80264</u>	Email: <u>TMeyer@Ondrishcpa.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: Tracy Meyer

Title: CPA, Paid preparer Date: 8/6/2021 Email: TMeyer@Ondrishcpa.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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2021				
1	123-38403-00	GOZA 18-44	NB-CD	PR
2	123-38401-00	GOZA 2AE	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 List

**Att Doc Num**

**Name**

402772758	Form 07 SUBMITTED
402772770	Imported Data

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)