



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>100322</u>	Contact Name and Telephone:
Name of Operator: <u>NOBLE ENERGY INC</u>	Name: <u>JENNIFER CARTER</u>
Address: <u>1625 BROADWAY STE 2200</u>	Phone: <u>(303) 228-4000</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JENNIFER.CARTER@NBLENERGY.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: JENNIFER CARTER  
Title: PROD ANALYST Date: 11/25/2015 Email: JENNIFER.CARTER@NBLEN

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: 04/2009				
1	123-10017-00	CARR 1	JSND	SI
2	123-10017-00	CARR 1	NB-CD	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 Check List

**Att Doc Num**

**Name**

400943029

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)