



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: 12/1/2015 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: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2009				
1	123-10690-00	QUARTER CIRCLE 1	JSND	PR
Report Month: 05/2009				
2	123-10690-00	QUARTER CIRCLE 1	JSND	PR
Report Month: 06/2009				
3	123-10690-00	QUARTER CIRCLE 1	JSND	PR
Report Month: 07/2009				
4	123-10690-00	QUARTER CIRCLE 1	JSND	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

400945025

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)