



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10581</u>	Contact Name and Telephone:
Name of Operator: <u>ABILENE PERFECT ENERGY JV LLC</u>	Name: <u>Al McGregor</u>
Address: <u>4600 PECOS STREET</u>	Phone: <u>(303) 500-3099</u> Fax: <u>(888) 245-6525</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80211</u>	Email: <u>almc@perfectenergy.us</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: Al McGregor

Title: COO Date: 1/1/2016 Email: almc@perfectenergy.us

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 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	073-06259-02	SMOKER 22-11 #1	ABCK	IJ
2	073-06540-00	SURPRISE 12-54-36-6	CHRK	SI
3	073-06393-02	MOSHER 1-1H	CHRK	WO
4	073-06164-00	1-6 S-S-M MELLOTT 1	CHRK	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

400960582	Form 07 SUBMITTED
400962814	Monthly Report Of Operations

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)