



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>27742</u>	Contact Name and Telephone:
Name of Operator: <u>EOG RESOURCES INC</u>	Name: <u>Patty Johnson</u>
Address: <u>600 17TH ST STE 1100N</u>	Phone: <u>(303) 262-9929</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>patty_johnson@eogresources.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: Patty Johnson

Title: Production Assistant Date: 2/5/2016 Email: patty_johnson@eogresources.c

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: 03/2014				
1	123-31573-00	LONGHORN G 4-36H	NBRR	DG
Report Month: 04/2014				
2	123-31573-00	LONGHORN G 4-36H	NBRR	WO

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**

400984419	Monthly Report Of Operations
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)