



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>24135</u>	Contact Name and Telephone:
Name of Operator: <u>DIAMONDBACK OIL PARTNERS LLP</u>	Name: <u>GREG SCHMIDT</u>
Address: <u>6366 HAWTHORN LANE</u>	Phone: <u>(303) 905-6223</u> Fax: <u>(303) 980-5818</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80227</u>	Email: <u>NOMAIL@GMAIL.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: GREG SCHMIDT
 Title: MANAGING GENERAL PARTNER Date: 8/3/2016 Email: NOMAIL@GMAIL.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: 06/2016				
1	081-06384-00	COTTONWOOD GULCH STATE A 1	LWIS	PR
2	087-07697-00	BRUNELLI 6-2	DSND	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

2452128

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)