



**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 Analyst Date: 9/25/2018 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: 3 In Process: 3 Modified: 0 Deleted: 0

Total 3 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2018				
1	123-31035-00	SIMBA 1-06 SWD	ENRD	TA
2	123-31035-00	SIMBA 1-06H SWD LYONS	LYNS	IJ
3	123-30585-00	BEVO 4-36H	NBRR	TA

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**

401773266	Imported Data
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)