



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

OGCC Operator Number: 10133	Contact Name and Telephone:
Name of Operator: HILCORP ENERGY COMPANY	Name: Barb Lettries
Address: P O BOX 61229	Phone: (346) 2372017 Fax: (713) 2092400
City: HOUSTON State: TX Zip: 77208	Email: blettries@hilcorp.com

## 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: Barb Lettries

Title: Prod Regulatory Analyst Date: 10/29/2019 Email: blettries@hilcorp.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: 9 In Process: 9 Modified: 0 Deleted: 0

Total 9 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2018				
1	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 05/2018				
2	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 06/2018				
3	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 07/2018				
4	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 08/2018				
5	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 09/2018				
6	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 10/2018				
7	067-09948-00	ANDERSON #3-5H	FRLDC	DG
Report Month: 11/2018				
8	067-09948-00	ANDERSON #3-5H	FRLDC	DG

Report Month: 12/2018				
9	067-09948-00	ANDERSON #3-5H	FRLDC	DG

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**

402224572

Imported Data

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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Stamp Upon Approval
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Total: 0 comment(s)