



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFO**

OGCC Operator Number: <u>66190</u>	Contact Name and Telephone:
Name of Operator: <u>OMIMEX PETROLEUM INC</u>	Name: <u>BRANDON WILSON</u>
Address: <u>7950 JOHN T WHITE ROAD</u>	Phone: <u>(817) 460777</u> Fax: <u>( )</u>
City: <u>FORT WORTH</u> State: <u>TX</u> Zip: <u>76120</u>	Email: <u>Brandon_Wilson@omimexgroup.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: BRANDON WILSON  
 Title: ENGINEERING TECH Date: 7/23/2015 Email: Brandon\_Wilson@omimexgrou

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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	125-11952-00	BLED SOE #5-26-5-45	NBRR	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**

400872958	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)