



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFO**

OGCC Operator Number: <u>10495</u>	Contact Name and Telephone:
Name of Operator: <u>LILIS ENERGY INC</u>	Name: <u>BECKY BATES</u>
Address: <u>216 16TH STREET STE 1350</u>	Phone: <u>(303) 8931512</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>OandA@lilisenergy.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: BECKY BATES  
Title: ACCOUNTANT Date: 7/27/2015 Email: OandA@lilisenergy.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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2015				
1	123-14272-00	SAWYER 32-2	JSND	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**

400874938	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)