



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>26155</u>	Contact Name and Telephone:
Name of Operator: <u>EAGLE OPERATING INC</u>	Name: <u>PENELOPE RASMUSSEN</u>
Address: <u>P O BOX 853</u>	Phone: <u>(701) 385-4244</u> Fax: <u>(701) 837-4820</u>
City: <u>KENMARE</u> State: <u>ND</u> Zip: <u>58746</u>	Email: <u>peneloper@restel.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: PENELOPE RASMUSSEN
Title: SECRETARY Date: 7/30/2015 Email: peneloper@restel.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: 06/2015				
1	103-09135-00	EMERALD C 275	MNCS	PR
2	103-10261-00	E-M EMERALD C 1HZ	MNCS	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: /				
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Attachment Check List

Att Doc Num **Name**

400877096	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)