



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>100264</u>	Contact Name and Telephone:
Name of Operator: <u>XTO ENERGY INC</u>	Name: <u>AUBREY TOWNSEND</u>
Address: <u>382 CR 3100</u>	Phone: <u>(303) 8942100</u> Fax: <u>()</u>
City: <u>AZTEC</u> State: <u>NM</u> Zip: <u>87410</u>	Email: <u>CORY.ESSEX@STATE.CO.US</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: AUBREY TOWNSEND
 Title: PROD Date: 8/4/2015 Email: CORY.ESSEX@STATE.CO.US

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	067-07975-00	UTE 9A IS-DC	IS-DC	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**

400879446	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)