



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10459</u>	Contact Name and Telephone:
Name of Operator: <u>EXTRACTION OIL &amp; GAS LLC</u>	Name: <u>Kaleb Roush</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Phone: <u>(720) 557-8322</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kroush@extractionog.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: Kaleb Roush

Title: Engineering Technician Date: 9/16/2015 Email: kroush@extractionog.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: 14 Approved: 13 Modified: 0 Deleted: 1

Total 13 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2014				
1	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	WO
Report Month: 04/2014				
2	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	WO
Report Month: 03/2014				
3	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	WO
Report Month: 02/2014				
4	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	DG
Report Month: 01/2014				
5	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	DG
Report Month: 12/2014				
12	123-37252-00	KODAK 9	N-COM	DG
Report Month: 05/2015				
7	123-37252-00	KODAK 9	N-COM	WO
Report Month: 04/2015				
8	123-37252-00	KODAK 9	N-COM	WO

Report Month: 03/2015				
9	123-37252-00	KODAK 9	N-COM	WO
Report Month: 02/2015				
10	123-37252-00	KODAK 9	N-COM	WO
Report Month: 01/2015				
11	123-37252-00	KODAK 9	N-COM	WO
Report Month: 06/2015				
13	123-37252-00	KODAK 9	N-COM	WO
Report Month: 07/2015				
14	123-37252-00	KODAK 9	N-COM	WO

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Total 1 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2013				
6	123-38565-00	DIAMOND VALLEY EAST 1	N-COM	DG

## Attachment Check List

**Att Doc Num**

**Name**

400900963

ERROR REPORT

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)