



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>96735</u>	Contact Name and Telephone:
Name of Operator: <u>WILLIFORD RESOURCES, L.L.C.</u>	Name: <u>LINDA CALLAHAN</u>
Address: <u>6506 S LEWIS AVE STE 102</u>	Phone: <u>(918) 7128828</u> Fax: <u>( )</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74136</u>	Email: <u>lcallahan3@swbell.net</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: LINDA CALLAHAN  
 Title: OFFICE MANAGER Date: 9/30/2015 Email: lcallahan3@swbell.net

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: 10/2014				
1	067-06014-00	LONG&SCHLUTER 3	DKTA	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**

400908609	Form 07 SUBMITTED
400908613	Monthly Report Of Operations

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)