



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>96730</u>	Contact Name and Telephone:
Name of Operator: <u>WILLIFORD ENERGY COMPANY</u>	Name: <u>Shannon Martinez</u>
Address: <u>6100 S YALE AVE STE 2000</u>	Phone: <u>(918) 495-2734</u> Fax: <u>(918) 495-2735</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74136</u>	Email: <u>smartinez@willifordenergy.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: Shannon Martinez
Title: Production Analyst Date: 10/7/2015 Email: smartinez@willifordenergy.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: 9 Approved: 9 Modified: 0 Deleted: 0

Total 9 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	017-06410-00	RHOADES UNIT 3-1	MRRWB	IJ
2	017-06502-00	RHOADES UNIT 4-2	MRRWB	PR
3	017-06630-00	RHOADES UNIT 4-3	MRRWB	IJ
4	017-06636-00	RHOADES UNIT 4-5	MRRWB	PR
5	017-06531-00	RHOADES UNIT 5-3	MRRWB	IJ
6	017-06622-00	RHOADES UNIT 5-4	MRRWB	PR
7	017-06625-00	RHOADES UNIT 5-5	MRRWB	PR
8	017-06629-00	RHOADES UNIT 5-6	MRRWB	PR
9	017-06632-00	RHOADES UNIT 5-7	MRRWB	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

<u>Att Doc Num</u>	<u>Name</u>
400912689	Monthly Report Of Operations
400912697	Monthly Report Of Operations
400912703	Monthly Report Of Operations

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)