



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>6720</u>	Contact Name and Telephone:
Name of Operator: <u>BAYLESS PRODUCER, LLC* ROBERT L</u>	Name: <u>Holly Perkins</u>
Address: <u>P O BOX 168</u>	Phone: <u>(505) 5647809</u> Fax: <u>(505) 3262669</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u>	Email: <u>hperkins@rlbayless.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: Holly Perkins

Title: Production Tech Date: 9/23/2015 Email: hperkins@rlbayless.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: 3 In Process: 3 Modified: 0 Deleted: 0

Total 3 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2015				
1	103-08064-00	PC #16	MNCSB	PA
2	103-08066-00	PC #18	MNCSB	PA
3	103-08370-00	PC #29	MNCSB	PA

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

400904421	Monthly Report Of Operations
400904422	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)