



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>40547</u>	Contact Name and Telephone:
Name of Operator: <u>HOLCOMB OIL & GAS INC</u>	Name: <u>JB HOLCOMB</u>
Address: <u>P O BOX 2058</u>	Phone: <u>(505) 326-0550</u> Fax: <u>(505) 326-2149</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87499</u>	Email: <u>wjhogadmin@qwestoffice.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: JB HOLCOMB

Title: PRODUCTION REPORTER Date: 10/15/2015 Email: wjhogadmin@qwestoffice.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	067-06543-00	CASE 1-10	DKTA	SI
2	067-06545-00	HURT 1-4	DKTA	SI

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**

400919034	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)