



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10144</u>	Contact Name and Telephone:
Name of Operator: <u>XOG OPERATING LLC</u>	Name: <u>ANGIE CRAWFORD</u>
Address: <u>P O BOX 352</u>	Phone: <u>(432) 6833171</u> Fax: <u>( )</u>
City: <u>MIDLAND</u> State: <u>TX</u> Zip: <u>79702</u>	Email: <u>acrawford@xogoperating.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: ANGIE CRAWFORD  
Title: PROD ANALYST Date: 10/21/2015 Email: acrawford@xogoperating.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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	077-08482-00	WELLS #1	MRSN	SI
2	077-08221-00	ALSTATT #1	MRSN	SI
3	077-08397-00	CHAFFIN #1	DKTA	SI
4	081-06606-00	SUGARLOAF 34-1	FTUN	PR
5	081-06606-00	SUGARLOAF 34-1	MVRD	PR
6	081-06612-00	SUGARLOAF 34-2	FTUN	PR
7	081-06612-00	SUGARLOAF 34-2	MVRD	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**

400922634	Form 07 SUBMITTED
400922635	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)