



**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) 683-3171</u> Fax: <u>(426) 83-3152</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/Reg Analyst Date: 10/22/2015 Email: acrawford@xogoperating.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

I submitted my regular Form 7 by email as usual. This is a correction to the 7th item on that submittal for the gas sold.

**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: 09/2015				
1	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

<u>Att Doc Num</u>	<u>Name</u>
400923039	Form 07 SUBMITTED
400923068	Monthly Report Of Operations
400923088	Monthly Report Of Operations
400924208	DELINQUENT REPORT

Total Attach: 4 Files

### General Comments

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

Total: 0 comment(s)