



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>26155</u>	Contact Name and Telephone:
Name of Operator: <u>EAGLE OPERATING INC</u>	Name: <u>PENELOPE RASMUSSEN</u>
Address: <u>P O BOX 853</u>	Phone: <u>(701) 385-4244</u> Fax: <u>(701) 837-4820</u>
City: <u>KENMARE</u> State: <u>ND</u> Zip: <u>58746</u>	Email: <u>peneloper@restel.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: PENELOPE RASMUSSEN

Title: SECRETARY Date: 11/16/2015 Email: peneloper@restel.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2015				
1	103-09135-00	EMERALD C 275	MNCS	PR
2	103-10261-00	E-M EMERALD C 1HZ	MNCS	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**

400937496

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)