



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10495</u>	Contact Name and Telephone:
Name of Operator: <u>LILIS ENERGY INC</u>	Name: <u>BECKY BATES</u>
Address: <u>216 16TH STREET STE 1350</u>	Phone: <u>(303) 8931512</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>OandA@lilisenergy.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: BECKY BATES
Title: ACCOUNTANT Date: 11/12/2015 Email: OandA@lilisenergy.com

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

Operator Comments:

8/2015 FORM 7
6/2015 AMENDMENTS

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2015				
1	123-14272-00	SAWYER 32-2	JSND	PR
Report Month: 06/2015				
2	123-14272-00	SAWYER 32-2	JSND	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

400935625	Form 07 SUBMITTED
400935628	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)