



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>7800</u>	Contact Name and Telephone:
Name of Operator: <u>BEREN CORPORATION</u>	Name: <u>Janice Schrader</u>
Address: <u>2020 N BRAMBLEWOOD STREET</u>	Phone: <u>(316) 337-8371</u> Fax: <u>()</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206</u>	Email: <u>jmschrader@berexco.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: Janice Schrader

Title: Production Assistant Date: 11/25/2015 Email: jmschrader@berexco.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: 25 Approved: 25 Modified: 0 Deleted: 0

Total 25 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	075-05019-00	SEGELKE 1	JSND	SI
2	075-05029-00	SEGELKE 2	JSND	SI
3	075-05793-00	BREWER A 3	JSND	PR
4	075-05797-00	BREWER A 2	JSND	SI
5	121-05184-00	SCOTT 6	JSND	PR
6	121-05190-00	SCOTT 1	JSND	IJ
7	121-05206-00	SCOTT 2	JSND	PR
8	121-05259-00	WRIGHT 1	JSND	PR
9	121-05278-00	WRIGHT 2	JSND	PR
10	121-05293-00	WRIGHT 5	JSND	PR
11	121-09042-00	LOUDDER 2X	JSND	PR
12	121-09167-00	MACNEIL 2R	JSND	PR
13	123-05975-00	MOYER UNIT 16-30	JSND	PR
14	123-05976-00	MOYER UNIT 15-30	JSND	PR
15	123-07014-00	MOYER UNIT 16-29	JSND	PR
16	123-07021-00	MOYER UNIT 10-29	JSND	PR
17	123-07023-00	MOYER UNIT 15-29	JSND	IJ

18	123-07025-00	MOYER UNIT 14-29	JSND	PR
19	123-07027-00	MOYER UNIT 3-32	JSND	IJ
20	123-07029-00	MOYER UNIT 13-29	JSND	IJ
21	123-07031-00	MOYER UNIT 6-32	JSND	PR
22	123-07033-00	MOYER UNIT 11-29	JSND	IJ
23	123-07034-00	MOYER UNIT 11-32	JSND	IJ
24	123-07039-00	MOYER UNIT 14-32	JSND	TA
25	123-07047-00	MOYER UNIT 13-32	JSND	TA

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

400943057	Form 07 SUBMITTED
400943059	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)