



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10203</u>	Contact Name and Telephone:
Name of Operator: <u>BLACK RAVEN ENERGY INC</u>	Name: <u>Brenda Ramirez</u>
Address: <u>165 S UNION BLVD SUITE 410</u>	Phone: <u>(210) 4515545</u> Fax: <u>()</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</u>	Email: <u>bramirez@enerjexresources.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: Brenda Ramirez
 Title: Accountant Date: 12/6/2015 Email: bramirez@enerjexresources.co

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: 2 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
1	087-05378-00	AJU HOUGH A 2	DSND	PR
2	087-05433-00	AJU GEYER B1	DSND	PR
3	087-05377-00	AJU HOUGH B 4	N-COM	PR
4	087-05280-00	AJU JOHNSON-GLN 1	JSND	PR
5	087-05396-00	AJU HOUGH B 2	DSND	PR
6	087-05391-00	AJU HOUGH B 6	DSND	SI
7	087-08168-00	HOUGH 157-7-H1	N-COM	PR

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2015				
3	087-05377-00	AJU HOUGH B 4	N-COM	PR
7	087-08168-00	HOUGH 157-7-H1	N-COM	PR

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400948496	Form 07 SUBMITTED
400948497	Monthly Report Of Operations
400961638	ERROR REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)