



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10454</u>	Contact Name and Telephone:
Name of Operator: <u>PETROSHARE CORPORATION</u>	Name: <u>Sami Alexander</u>
Address: <u>7200 S ALTON WAY #B220</u>	Phone: <u>(303) 500-1160</u> Fax: <u>(303) 770-6885</u>
City: <u>CENTENNIAL</u> State: <u>CO</u> Zip: <u>80112</u>	Email: <u>sami@petrosharecorp.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: Sami Alexander
Title: Office Manager Date: 1/7/2016 Email: sami@petrosharecorp.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 Approved: 2 Modified: 2 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	081-07778-00	VOLOSHIN 3-25	N-COM	SI
2	081-07779-00	KOWACH 3-25	N-COM	PR

Total 2 Modified

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400966174	Form 07 SUBMITTED
400966201	Monthly Report Of Operations
400966208	Monthly Report Of Operations

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)