



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10322</u>	Contact Name and Telephone:
Name of Operator: <u>EAST CHEYENNE GAS STORAGE LLC</u>	Name: <u>JAMES HOFF</u>
Address: <u>10370 RICHMOND AVE SUITE 510</u>	Phone: <u>(713) 403-6467</u> Fax: <u>(713) 255-8963</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77042</u>	Email: <u>jhoff@mehllc.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: JAMES HOFF

Title: VP Reservoir Engineering Date: 1/15/2016 Email: jhoff@mehllc.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: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2015				
1	075-07167-00	SCHWAKE A-1	OSND	SI
2	075-09407-00	ECGS #6-20J WPW003	JSND	IJ
Report Month: 12/2015				
3	075-07167-00	SCHWAKE A-1	OSND	SI
4	075-09407-00	ECGS #6-20J WPW003	JSND	IJ

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

400972325	Form 07 SUBMITTED
400972326	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)