



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10259</u>	Contact Name and Telephone:
Name of Operator: <u>UNIT PETROLEUM COMPANY</u>	Name: <u>CINDY BROWN</u>
Address: <u>7130 S LEWIS AVE STE 1000</u>	Phone: <u>(918) 477-4511</u> Fax: <u>(918) 477-3999</u>
City: <u>TULSA</u> State: <u>OK</u> Zip: <u>74136</u>	Email: <u>Cindy.Brown@unitcorp.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: CINDY BROWN

Title: PRODUCTION ANALYST Date: 1/15/2016 Email: Cindy.Brown@unitcorp.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: 11/2015				
1	073-06713-00	JAMES #1-2	N-COM	DG
Report Month: 12/2015				
2	073-06713-00	JAMES #1-2	N-COM	WO

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
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1	073-06713-00	JAMES #1-2	N-COM	DG
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2	073-06713-00	JAMES #1-2	N-COM	WO

Total 0 Deleted

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

Attachment Check List

Att Doc Num

Name

400972470	Form 07 SUBMITTED
400972472	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)