



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10393</u>	Contact Name and Telephone:
Name of Operator: <u>WY WOODLAND OPERATING LLC</u>	Name: <u>JULIA PATMAN</u>
Address: <u>PO BOX 2436</u>	Phone: <u>(817) 4959300</u> Fax: <u>( )</u>
City: <u>CLEBURNE</u> State: <u>TX</u> Zip: <u>76033</u>	Email: <u>jpatman@woodlandresourcesllc.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: JULIA PATMAN  
Title: ACCT CLERK Date: 2/3/2016 Email: jpatman@woodlandresourcesll

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

Form 7: December 2015

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	123-11690-00	ROCKWELL #1	NB-CD	PR

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**

400983149	Form 07 SUBMITTED
400983150	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)