



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10156</u>	Contact Name and Telephone:
Name of Operator: <u>BECCA OIL LLC</u>	Name: <u>Gina Greenwood</u>
Address: <u>P O BOX 1347</u>	Phone: <u>(918) 2252334</u> Fax: <u>()</u>
City: <u>CUSHING</u> State: <u>OK</u> Zip: <u>74023</u>	Email: <u>gina.beccaoil@gmail.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: Gina Greenwood
Title: Sec Date: 2/9/2016 Email: gina.beccaoil@gmail.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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	005-06421-00	BILLINGS 1-6	JSND	PR
2	005-06805-00	KALCEVIC 3	JSND	PR
3	005-06449-00	KALCEVIC 2	JSND	PR
4	099-06169-00	NEVIUS B 4-29	MRRW	SI
5	099-06128-00	KEN NEVIUS 1-30	MRRW	SI

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

400968658	Form 07 SUBMITTED
400986246	DELINQUENT REPORT

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)