



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10439</u>	Contact Name and Telephone:
Name of Operator: <u>CARRIZO NIOBRARA LLC</u>	Name: <u>Roseanna Kronshagen</u>
Address: <u>500 DALLAS STREET #2300</u>	Phone: <u>(713) 358-6203</u> Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>roseanna.kronshagen@crzo.net</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: Roseanna Kronshagen
 Title: Production technician Date: 2/25/2016 Email: roseanna.kronshagen@crzo.net

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

Operator Comments:

Form 7, 11-2015. I have attached the 3 wells that were deleted due to operator being wrong.

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 3 Approved: 3 Modified: 2 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2015				
1	123-36256-00	NELSON 1-20-9-60	NBRR	PR
2	123-35685-01	PERGAMOS 3-11-7-60	N-COM	PR
3	123-34438-01	TIMBRO RANCH 1-41-9-59	N-COM	PR

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2015				
2	123-35685-01	PERGAMOS 3-11-7-60	N-COM	PR
3	123-34438-01	TIMBRO RANCH 1-41-9-59	N-COM	PR

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400995762	Form 07 SUBMITTED
400995766	Monthly Report Of Operations
400997274	ERROR REPORT
400997279	DELINQUENT REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)