



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10490</u>	Contact Name and Telephone:
Name of Operator: <u>ENERGY QUEST II LLC</u>	Name: <u>DEBRA MOORE</u>
Address: <u>4526 RESEARCH FOREST DR #200</u>	Phone: <u>(281) 875-6200</u> Fax: <u>(281) 875-6206</u>
City: <u>THE WOODLANDS</u> State: <u>TX</u> Zip: <u>77381</u>	Email: <u>debra.moore@energyquest.us</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: DEBRA MOORE  
 Title: Production Analyst Date: 3/11/2016 Email: debra.moore@energyquest.us

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: 27 Approved: 27 Modified: 0 Deleted: 0

Total 27 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	107-06173-00	PEOC NVG 41-23H	NBRR	PR
2	125-09408-00	ADAMSON 27-7	NBRR	SI
3	125-08684-00	ADAMSON 12-27143	NBRR	SI
4	125-09506-00	CROSSLAND 15-9	NBRR	SI
5	125-09759-00	BRENNER 10-16	NBRR	SI
6	125-09758-00	BRENNER 10-4	NBRR	SI
7	125-09754-00	BRENNER 10-6	NBRR	SI
8	125-06895-00	MOELLENBERG 16-28	NBRR	SI
9	125-09757-00	BRENNER 3-14	NBRR	PR
10	125-09762-00	LIKE 3-16	NBRR	PR
11	125-09761-00	MORRIS 3-3	NBRR	PR
12	125-09760-00	MORRIS 3-5	NBRR	SI
13	125-09756-00	LIKE 3-7	NBRR	PR
14	125-09755-00	LIKE 3-10	NBRR	SI
15	125-10038-00	CLARKE 26-12	NBRR	PR
16	125-10040-00	FARMER 26-4	NBRR	PR
17	125-10027-00	WEYERMAN 28-12	NBRR	SI

18	125-10029-00	BLACK 28-8	NBRR	SI
19	125-09998-00	LIKE 3-1	NBRR	PR
20	125-10060-00	BECKMAN 34-9	NBRR	SI
21	125-10077-00	HELLING 27-11	DK-LK	SI
22	125-10147-00	TREMBLY 4-12	NBRR	PR
23	125-10264-00	TREMBLY 4-16	NBRR	PR
24	125-11174-00	NCUMC 4-2	NBRR	PR
25	125-11168-00	EARL 4-6	NBRR	PR
26	125-11169-00	WENGER 5-8	NBRR	PR
27	125-11176-00	OSMUS 31-2	NBRR	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**

401003715	Form 07 SUBMITTED
401003716	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)