



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10163</u>	Contact Name and Telephone:
Name of Operator: <u>NONSUCH NATURAL GAS INC</u>	Name: <u>DAVID LEE</u>
Address: <u>P O BOX 110066</u>	Phone: <u>(239) 2899046</u> Fax: <u>( )</u>
City: <u>NAPLES</u> State: <u>FL</u> Zip: <u>34108</u>	Email: <u>dlee@nng.us.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: DAVID LEE  
Title: PRESIDENT Date: 3/14/2016 Email: dlee@nng.us.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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
<b>Report Month: 12/2015</b>				
5	045-08120-00	CSOC 697-12 #1	WMFK	PR
6	045-07948-00	CSOC 697-14 #1	WMFK	PR
7	045-07928-00	CSOC 697-22 #1	WMFK	PR
8	045-07971-00	PUCKETT 797-1 #1	WMFK	PR
<b>Report Month: 01/2016</b>				
1	045-08120-00	CSOC 697-12 #1	WMFK	PR
2	045-07948-00	CSOC 697-14 #1	WMFK	PR
3	045-07928-00	CSOC 697-22 #1	WMFK	PR
4	045-07971-00	PUCKETT 797-1 #1	WMFK	PR

Total 0 Modified

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

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**

**Name**

401004919	Form 07 SUBMITTED
401004921	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)