



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10085</u>	Contact Name and Telephone:
Name of Operator: <u>ARMOR PETROLEUM INC</u>	Name: <u>Nelva White</u>
Address: <u>P O BOX 4625</u>	Phone: <u>(940) 692-5001</u> Fax: <u>( )</u>
City: <u>WICHITA FALLS</u> State: <u>TX</u> Zip: <u>76308</u>	Email: <u>nelva@apiwf.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: Nelva White  
Title: Bookkeeper Date: 3/22/2016 Email: nelva@apiwf.com

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

Operator Comments:

Submitting - Eform for February 2016

**Monthly Report of Operations**

Submitted Items Summary Totals:

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

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	061-06363-00	DORSETT 1	MSSP	PR
2	061-06379-00	DORSETT 2	MSSP	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**

401013217	Form 07 SUBMITTED
401013219	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)