



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10440</u>	Contact Name and Telephone:
Name of Operator: <u>AURORA POWER RESOURCES INC</u>	Name: <u>Ed Jones</u>
Address: <u>4645 SWEETWATER BLVD STE 200</u>	Phone: <u>(281) 495-9957</u> Fax: <u>(832) 999-4382</u>
City: <u>SUGAR LAND</u> State: <u>TX</u> Zip: <u>77479</u>	Email: <u>jejones@aurorapower.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: Ed Jones
 Title: Op Manager Date: 3/23/2016 Email: jejones@aurorapower.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: 3 Approved: 3 Modified: 1 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	087-08178-00	DAVID BENDER 1A	N-COM	SI
2	087-08177-00	EHRlich 1A	DSND	SI
3	087-08177-00	EHRlich 1A	JSND	TA

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	087-08178-00	DAVID BENDER 1A	N-COM	SI

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401014204	Form 07 SUBMITTED
401014205	Monthly Report Of Operations
401023006	ERROR REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)