



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10467</u>	Contact Name and Telephone:
Name of Operator: <u>TABULA RASA ENERGY LLC</u>	Name: <u>Carla Nims</u>
Address: <u>12012 WICKCHESTER LANE #660</u>	Phone: <u>(281) 668-8475</u> Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>cnims@tabularasa.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: Carla Nims

Title: VP/Controller Date: 6/16/2016 Email: cnims@tabularasa.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: 10 Approved: 10 Modified: 0 Deleted: 0

Total 10 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	055-06142-00	HARRY WILLIS 1	DKTA	PR
2	055-06143-00	HARRY WILLIS 2	PRRE	PR
3	055-06209-00	WHITE ET AL 1	DKTA	PR
4	055-06225-00	HARRY-WILLIS 7	PRRE	TA
5	055-06285-00	CADDELL 1	DKTA	PR
6	055-06287-00	HARRY WILLIS 4	DKTA	PR
7	055-06301-00	COUGAR 1A	DKTA	PR
8	055-06302-00	ANDREATTA 2	DKTA	PR
9	055-06312-00	CADDELL 2	ENRD	PR
10	055-06319-00	CADDELL 3	ENRD	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**

401063690	Form 07 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)