



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10227</u>	Contact Name and Telephone:
Name of Operator: <u>CHOLLA PETROLEUM INC</u>	Name: <u>Thomas Obenchain</u>
Address: <u>6688 N CENTRAL EXPRESSWAY 1610</u>	Phone: <u>(214) 692-7052</u> Fax: <u>(214) 572-0798</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75206</u>	Email: <u>tao@chollapetro.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: Thomas Obenchain

Title: production Date: 7/18/2016 Email: tao@chollapetro.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: 6 Approved: 6 Modified: 0 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2015				
1	099-06877-00	LUKIE-DO 1-24	MRRW	PR
2	099-06889-00	LUKIE-DO 2-24	MRRW	PR
3	099-06890-00	DUKE 1-18	MRRW	PR
4	099-06885-00	MAGIWA UNIT 1-23	MRRW	PR
5	011-06174-00	SANTA FE TRAIL 1-34	MRRW	SI
6	011-06183-00	SANTA FE TRAIL SOUTH 1-35	MRRW	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**

401079936	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

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

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Total: 0 comment(s)