



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) 6688475</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: 7/15/2016 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: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	055-06144-01	HARRY WILLIS 3	N-COM	TA
Report Month: 02/2016				
2	055-06144-01	HARRY WILLIS 3	N-COM	TA
Report Month: 03/2016				
3	055-06144-01	HARRY WILLIS 3	N-COM	TA
Report Month: 04/2016				
4	055-06144-01	HARRY WILLIS 3	N-COM	TA

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: /				
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Attachment Check List

Att Doc Num **Name**

401079333	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)