



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|--|
| OGCC Operator Number: <u>10495</u> | Contact Name and Telephone: |
| Name of Operator: <u>LILIS ENERGY INC</u> | Name: <u>Becky Bates</u> |
| Address: <u>216 16TH STREET STE 1350</u> | Phone: <u>(303) 298-7262</u> Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>rbates@ondrishcpa.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: Becky Bates

Title: CPA, Paid Preparer Date: 8/12/2016 Email: rbates@ondrishcpa.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-------------|----------------|-------------|
| Report Month: 05/2016 | | | | |
| 1 | 123-14272-00 | SAWYER 32-2 | JSND | PR |
| Report Month: 04/2016 | | | | |
| 2 | 123-14272-00 | SAWYER 32-2 | JSND | 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

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)