

**OPERATOR'S MONTHLY REPORT OF OPERATIONS****OPERATOR INFORMATION**

OGCC Operator Number: <u>10630</u>	Contact Name and Telephone:
Name of Operator: <u>ALTA MESA SERVICES LP</u>	Name: <u>Rebecca Stall</u>
Address: <u>15021 KATY FREEWAY SUITE 400</u>	Phone: <u>(281) 9431360</u> Fax: <u>(281) 9431360</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77094</u>	Email: <u>rstall@altamesa.net</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: Rebecca Stall

Title: Sr Production Accountant Date: 11/15/2016 Email: rstall@altamesa.net

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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2016				
1	055-06309-01	FREEMAN 3-24	NBRR	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**

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Total Attach: 0 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)