



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10347</u>	Contact Name and Telephone:
Name of Operator: <u>CONTINENTAL RESOURCES INC</u>	Name: <u>Christy Bell</u>
Address: <u>PO BOX 268870</u>	Phone: <u>(405) 234-9471</u> Fax: <u>()</u>
City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73126</u>	Email: <u>Christy.Bell@clr.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: Christy Bell

Title: Sr Reg & Prod Analyst Date: 9/12/2018 Email: Christy.Bell@clr.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: 07/2018				
1	123-32780-00	NEWTON 1-4H	NBRR	SI
Report Month: 08/2018				
2	123-32780-00	NEWTON 1-4H	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**

401761102	Imported Data
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Total Attach: 1 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)