



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|--|
| OGCC Operator Number: <u>10605</u> | Contact Name and Telephone: |
| Name of Operator: <u>APEX OIL VENTURES INC</u> | Name: <u>JAN CALLISTER</u> |
| Address: <u>8823 S. REDWOOD ROAD #D-1</u> | Phone: <u>(801) 487-4721</u> Fax: <u>()</u> |
| City: <u>WEST JORDAN</u> State: <u>UT</u> Zip: <u>84088</u> | Email: <u>NOMAIL@GMAIL.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: JAN CALLISTER
Title: PRESIDENT Date: 8/17/2016 Email: NOMAIL@GMAIL.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: 0 In Process: 0 Modified: 0 Deleted: 0

Total 0 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------|-------|-----------|----------------|-------------|
| Report Month: / | | | | |
| | - - | | | |

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)