



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10282</u>	Contact Name and Telephone:
Name of Operator: <u>EPHPHATHA LLC</u>	Name: <u>Cory Sullins</u>
Address: <u>1314 B CENTER DR #449</u>	Phone: <u>(310) 9011996</u> Fax: <u>( )</u>
City: <u>MEDFORD</u> State: <u>OR</u> Zip: <u>97501</u>	Email: <u>csullins03@yahoo.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: Cory Sullins  
 Title: Manager Date: 5/17/2017 Email: csullins03@yahoo.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: 01/2017				
1	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	TA
Report Month: 02/2017				
2	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	TA
Report Month: 03/2017				
3	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	TA
Report Month: 04/2017				
4	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	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: /				
	- -			

## Attachment Check List

**Att Doc Num**      **Name**

401285760	Form 07 SUBMITTED
-----------	-------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)