



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>29200</u>	Contact Name and Telephone:
Name of Operator: <u>FAULCONER INC* VERNON E</u>	Name: <u>Faralyn King</u>
Address: <u>P O BOX 7995</u>	Phone: <u>(903) 5814382</u> Fax: <u>(903) 5811515</u>
City: <u>TYLER</u> State: <u>TX</u> Zip: <u>75711</u>	Email: <u>fking@vefinc.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: Faralyn King

Title: Production Analyst Date: 10/6/2017 Email: fking@vefinc.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: 13 In Process: 13 Modified: 0 Deleted: 0

Total 13 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2017				
1	067-06132-00	BLACK MOUNTAIN #1	MVRD	PR
2	067-06138-00	BLACK MOUNTAIN #2	PCCF	PR
3	067-06289-00	INDIAN SPRINGS #2 MV	MVRD	PR
4	067-06123-00	INDIAN SPRINGS #1	MVRD	PR
5	067-06289-00	INDIAN SPRINGS #2 PC	PCCF	PR
6	067-06449-00	SOUTHERN UTE 17-1	MVRD	PR
7	067-06137-00	WEST ANIMAS	PCCF	PR
8	067-05436-00	SUNICAL GOVT. #1	MVRD	PR
9	067-05336-00	SUNICAL #2 - MV	MVRD	PR
10	067-05384-00	SUNICAL #6 - D	DKTA	PR
11	067-06510-00	VENTURE #1 - D	DKTA	PR
12	067-06583-00	VENTURE #4 - D	DKTA	PR
13	067-06585-00	VENTURE #6 - D	DKTA	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**

401421872	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)