



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

|  |  |
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| OGCC Operator Number: 10657            | Contact Name and Telephone:            |
| Name of Operator: PCR OPERATING LLC    | Name: Brenda Ramirez                   |
| Address: 4040 BROADWAY STREET #510     | Phone: (210) 4515545 Fax: ( )          |
| City: SAN ANTONIO State: TX Zip: 78209 | Email: bramirez@passcreekresources.com |

## 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: Brenda Ramirez

Title: Accountant Date: 10/25/2017 Email: bramirez@passcreekresources.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: 7 In Process: 7 Modified: 0 Deleted: 0

Total 7 In Process

| No                    | API #        | Well Name         | Formation Code | Well Status |
|-----------------------|--------------|-------------------|----------------|-------------|
| Report Month: 06/2017 |              |                   |                |             |
| 1                     | 087-05378-00 | AJU HOUGH A 2     | DSND           | SI          |
| 2                     | 087-05433-00 | AJU GEYER B1      | DSND           | SI          |
| 3                     | 087-05377-00 | AJU HOUGH B 4     | DSND           | PR          |
| 4                     | 087-05280-00 | AJU JOHNSON-GLN 1 | JSND           | SI          |
| 5                     | 087-05396-00 | AJU HOUGH B 2     | DSND           | SI          |
| 6                     | 087-05391-00 | AJU HOUGH B 6     | DSND           | SI          |
| 7                     | 087-08168-00 | HOUGH 157-7-H1    | DSND           | 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

401440313

Imported Data

Total Attach: 1 Files

### General Comments

User Group

Comment

Comment Date

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| Stamp Upon<br>Approval |
|------------------------|

Total: 0 comment(s)