



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10282</u>	Contact Name and Telephone:
Name of Operator: <u>EPHPATHA LLC</u>	Name: <u>Cory Sullins</u>
Address: <u>1314 B CENTER DR #449</u>	Phone: <u>(310) 901-1996</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: 12/12/2017 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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2017				
1	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 06/2017				
2	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 07/2017				
3	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 08/2017				
4	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 09/2017				
5	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 10/2017				
6	107-06175-00	DRY CREEK UT HD 31 #1A	NBRR	TA
Report Month: 11/2017				
7	107-06175-00	DRY CREEK UT HD 31 #1A	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

<u>Att Doc Num</u>	<u>Name</u>
401483845	Form 07 SUBMITTED
401483846	Imported Data
401483851	Imported Data

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)