



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) 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: 6/6/2018 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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|------------------------------------|----------------|-------------|
| Report Month: 04/2018 | | | | |
| 1 | 107-06175-00 | DRY CREEK UT HD 31 1A (PILOT HOLE) | NBRR | TA |
| Report Month: 05/2018 | | | | |
| 2 | 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**

| | |
|-----------|-------------------|
| 401664553 | Form 07 SUBMITTED |
|-----------|-------------------|

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)