



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10484</u>	Contact Name and Telephone:
Name of Operator: <u>NEWPEK LLC</u>	Name: <u>Eileen Dey</u>
Address: <u>5221 N O'CONNOR BLVD #830</u>	Phone: <u>(432) 9231052</u> Fax: <u>(303) 5957628</u>
City: <u>IRVING</u> State: <u>TX</u> Zip: <u>75039</u>	Email: <u>eileen.d.dey@gmail.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: Eileen Dey  
Title: Consultant Date: 6/15/2018 Email: eileen.d.dey@gmail.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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2018				
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Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
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## Attachment Check List

**Att Doc Num**      **Name**

401675185	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

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

Total: 0 comment(s)