



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) 901-196</u> Fax: <u>(541) 858-6828</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: 8/29/2018 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: 2 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2018				
1	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	TA
Report Month: 07/2018				
2	107-06175-00	DRY CREEK UT HD 31 1A (PILOT HOLE)	NBRR	TA

Total 2 Modified

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Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Attachment Check List

Att Doc Num **Name**

401748585	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)