



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10679</u>	Contact Name and Telephone:
Name of Operator: <u>LOGOS OPERATING LLC</u>	Name: <u>Gwen Brozzo</u>
Address: <u>2010 AFTON PLACE</u>	Phone: <u>(505) 787-2030</u> Fax: <u>( )</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87415</u>	Email: <u>gbrozzo@logosresourcesllc.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: Gwen Brozzo  
Title: PRODUCTION ANALYST Date: 9/20/2018 Email: gbrozzo@logosresourcesllc.co

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: 09/2018				
1	067-05151-00	NWCH 32-10 7	MVRD	PR
2	067-06249-00	DOCAR 002A	MVRD	PR

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>
401769319	Form 07 SUBMITTED
401769328	Imported Data

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)