



**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: 02/14/2018 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: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	123-42868-00	Fauver 1-20	N-COM	WO

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2017				
1	123-42868-00	Fauver 1-20	N-COM	WO

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**

**Name**

401545964	MONTHLY REPORT OF OPERATIONS
401550818	Form 07 SUBMITTED

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)