



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10652</u>	Contact Name and Telephone:
Name of Operator: <u>EASTCO OPERATING LLC</u>	Name: <u>JOEL JOHNSON</u>
Address: <u>600 17TH STREET SUITE 2800</u>	Phone: <u>(303) 634-2212</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JOEL@EASTCOOP.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: JOEL JOHNSON  
Title: AGENT Date: 11/20/2018 Email: JOEL@EASTCOOP.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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2018				
1	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 05/2018				
2	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 06/2018				
3	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 07/2018				
4	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 08/2018				
5	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 09/2018				
6	039-06682-00	VERMILLION 1	CHRK	PR
Report Month: 10/2018				
7	039-06682-00	VERMILLION 1	CHRK	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

**Att Doc Num**      **Name**

401873757	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)