



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: 12/14/2018 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: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2018				
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Total 0 Modified

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Attachment Check List

Att Doc Num **Name**

401874565	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)