



**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) 834-2212</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JOEL@EASTCOOPERATING.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: 12/13/2018 Email: JOEL@EASTCOOPERATING.

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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2018				
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Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)