



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 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2018				
1	039-06682-00	VERMILLION 1	CHRK	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2018				
1	039-06682-00	VERMILLION 1	CHRK	PR

Total 0 Deleted

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

Attachment Check List

Att Doc Num

Name

401878345

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)