



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10691</u>	Contact Name and Telephone:
Name of Operator: <u>PHOENIX RESOURCES LLC</u>	Name: <u>TAYLOR HEFFNER</u>
Address: <u>5566 S SYCAMORE STREET</u>	Phone: <u>(303) 219-3362</u> Fax: <u>()</u>
City: <u>LITTLETON</u> State: <u>CO</u> Zip: <u>80120</u>	Email: <u>THEFFNER@PHXRESOURCES.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: TAYLOR HEFFNER
 Title: PARTNER Date: 12/18/2018 Email: THEFFNER@PHXRESOURCE

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: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2018				
1	073-06259-02	SMOKER 22-11 #1	ABCK	IJ
Report Month: 09/2018				
2	073-06259-02	SMOKER 22-11 #1	ABCK	IJ
Report Month: 10/2018				
3	073-06259-02	SMOKER 22-11 #1	ABCK	IJ
Report Month: 11/2018				
4	073-06259-02	SMOKER 22-11 #1	ABCK	IJ

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

<u>Att Doc Num</u>	<u>Name</u>
401883741	Form 07 SUBMITTED
401883742	Imported Data

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)