



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10694</u>	Contact Name and Telephone:
Name of Operator: <u>PROVIDENCE OPERATING LLC</u>	Name: <u>JANNA LLOYD</u>
Address: <u>16400 DALLAS PARKWAY SUITE 400</u>	Phone: <u>(303) 5001160</u> Fax: <u>(303) 7706885</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75428</u>	Email: <u>janna@flyingbearresources.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: JANNA LLOYD  
 Title: ANALYST Date: 1/4/2019 Email: janna@flyingbearresources.co

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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2018				
1	001-09470-00	KALLSEN 1-10	JSND	PR
Report Month: 09/2018				
2	001-09470-00	KALLSEN 1-10	JSND	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**

401893548	Imported Data
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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)