

FORM  
07

Rev  
08/15

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/04/2019

Document Number:

401893537

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 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

| 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**

|           |                   |
|-----------|-------------------|
| 401893537 | Form 07 SUBMITTED |
| 401893548 | Imported Data     |

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)