



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: 4 Approved: 4 Modified: 3 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2018				
1	001-07072-00	KALLSEN-14-10X	JSND	PR
2	001-09318-00	STATE 11-16 (DSAND)	DSND	PR
3	001-09318-00	STATE 11-16 (JSAND)	JSND	PR
4	001-09480-00	STATE 22-16	JSND	PR

Total 3 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2018				
2	001-09318-00	STATE 11-16 (DSAND)	DSND	PR
3	001-09318-00	STATE 11-16 (JSAND)	JSND	PR
4	001-09480-00	STATE 22-16	JSND	PR

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401893744	Form 07 SUBMITTED
401893745	Imported Data
401893752	ERROR REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)