



**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: AGENT Date: 4/11/2019 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: 6 Approved: 6 Modified: 0 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
<b>Report Month: 05/2018</b>				
1	005-06450-00	STATE 35-13	DSND	SI
2	005-06450-00	STATE 35-13	JSND	PR
<b>Report Month: 06/2018</b>				
3	005-06450-00	STATE 35-13	DSND	SI
4	005-06450-00	STATE 35-13	JSND	PR
<b>Report Month: 07/2018</b>				
5	005-06450-00	STATE 35-13	DSND	SI
6	005-06450-00	STATE 35-13	JSND	PR

Total 0 Modified

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

Total 0 Deleted

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

## Attachment Check List

**Att Doc Num**

**Name**

402004012	Form 07 SUBMITTED
402004013	Imported Data

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)