



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>(720) 9358398</u> Fax: <u>()</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: Production Analyst Date: 5/24/2019 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 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2019				
1	001-07072-00	KALLSEN-14-10X	JSND	PR
2	001-09318-00	STATE 11-16 (DSAND)	DSAND	PR
3	001-09318-00	STATE 11-16 (JSAND)	JSND	PR
4	001-09480-00	STATE 22-16	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**

402053729	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)