



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10605</u>	Contact Name and Telephone:
Name of Operator: <u>APEX OIL VENTURES INC</u>	Name: <u>JAN CALLISTER</u>
Address: <u>8823 S. REDWOOD ROAD #D-1</u>	Phone: <u>(801) 487-4721</u> Fax: <u>()</u>
City: <u>WEST JORDAN</u> State: <u>UT</u> Zip: <u>84088</u>	Email: <u>NOMAIL@GMAIL.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: JAN CALLISTER

Title: PRES Date: 12/16/2019 Email: NOMAIL@GMAIL.COM

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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2019				
1	103-07095-00	PONKA-CAMPBELL-GOV'T 6	MNCS	PR
Report Month: 10/2019				
2	103-07095-00	PONKA-CAMPBELL-GOV'T 6	MNCS	PR
3	103-07327-00	GILLAM-TRIGOOD-GOV'T 16	MNCS	PA
4	103-07182-00	GILLAM-TRIGOOD- GOV'T 14	MNCS	PR
5	103-06007-00	P.R.-TRIGOOD-GOV'T 7	MNCS	SI
6	103-05400-00	P.R.-TRIGOOD-GOV'T(0365) 10	MNCS	PR
7	103-05379-00	P.R.-TRIGOOD-GOV'T 8	MNCS	SI

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

1309389

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)