



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10652</u>	Contact Name and Telephone:
Name of Operator: <u>EASTCO OPERATING LLC</u>	Name: <u>JOEL JOHNSON</u>
Address: <u>600 17TH STREET SUITE 2800</u>	Phone: <u>(303) 634-2212</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JOEL@EASTCOOP.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: JOEL JOHNSON

Title: AGENT Date: 7/9/2020 Email: JOEL@EASTCOOP.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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2020				
1	039-06682-00	VERMILLION 1	CHRK	SI
2	039-06680-00	CALLAWAY 3-33	ATOK	TA
3	039-06680-00	CALLAWAY 3-33	CHRK	SI
4	039-06681-00	PAYNE 23-41	CHRK	TA
5	041-06082-00	GRAHAM 1-13	NBRR	TA

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**

402440238

Form 07 SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)