



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10736</u>	Contact Name and Telephone:
Name of Operator: <u>ADVANCED WIRELESS COMMUNICATIONS LLC</u>	Name: <u>KRYSTEN MOORE</u>
Address: <u>5500 RAIL RD</u>	Phone: <u>(505) 4860045</u> Fax: <u>( )</u>
City: <u>FARMINGTON</u> State: <u>NM</u> Zip: <u>87402</u>	Email: <u>krysten@advancedwirelessllc.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: KRYSTEN MOORE

Title: VP Date: 12/3/2021 Email: krysten@advancedwirelessllc.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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2021				
1	067-08985-00	SLUGGER 1	FRLDC	PR
2	067-09751-00	SLUGGER 11	FRLDC	PR
3	067-09317-00	SLUGGER 2	FRLDC	PR
4	067-09752-00	SLUGGER 22	FRLDC	PR
Report Month: 10/2021				
5	067-08985-00	SLUGGER 1	FRLDC	PR
6	067-09751-00	SLUGGER 11	FRLDC	PR
7	067-09317-00	SLUGGER 2	FRLDC	PR
8	067-09752-00	SLUGGER 22	FRLDC	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 List

**Att Doc Num**

**Name**

402886866	Form 07 SUBMITTED
402886872	Imported Data

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)