



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10774</u>	Contact Name and Telephone:
Name of Operator: <u>SUMMIT OIL & GAS LLC</u>	Name: <u>Benjamin Pittsley</u>
Address: <u>PO BOX 983038</u>	Phone: <u>(603) 2195011</u> Fax: <u>()</u>
City: <u>PARK CITY</u> State: <u>UT</u> Zip: <u>84098</u>	Email: <u>BP@S-Companies.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: Benjamin Pittsley

Title: Partner Date: 2/9/2022 Email: BP@S-Companies.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: 1 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2021				
1	123-50202-00	Castor 7-59 12-1-1	n-com	wo

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2021				
1	123-50202-00	Castor 7-59 12-1-1	n-com	wo

Total 0 Deleted

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

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402949904	Form 07 SUBMITTED
402951924	DELINQUENT REPORT

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)