



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10774</u>	Contact Name and Telephone:
Name of Operator: <u>SUMMIT OIL &amp; GAS LLC</u>	Name: <u>Sam Bradley</u>
Address: <u>PO BOX 983038</u>	Phone: <u>(970) 593-8626</u> Fax: <u>( )</u>
City: <u>PARK CITY</u> State: <u>UT</u> Zip: <u>84098</u>	Email: <u>sb@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: Sam Bradley

Title: Partner Date: 7/8/2022 Email: sb@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: 05/2022				
1	123-50202-00	Castor 7-59 12-1-1	N-COM	pr

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2022				
1	123-50202-00	Castor 7-59 12-1-1	N-COM	pr

Total 0 Deleted

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

## Attachment List

**Att Doc Num**

**Name**

403099971

Form 07 SUBMITTED

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)