



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>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: 9/16/2022 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: 3 Approved: 3 Modified: 2 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2022				
1	123-50202-00	Castor 7-59 12-1-1	NBRR	PR
2	123-50201-00	Castor 7-59 12-1-3	N-COM	dg
3	123-50205-00	Castor 7-59 12-1-5	N-COM	dg

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2022				
2	123-50201-00	Castor 7-59 12-1-3	N-COM	dg
3	123-50205-00	Castor 7-59 12-1-5	N-COM	dg

Total 0 Deleted

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

Attachment List

Att Doc Num

Name

403169184

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)