



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: 11/15/2022 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 In Process: 3 Modified: 0 Deleted: 0

Total 3 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2022				
1	123-50202-00	Castor 7-59 12-1-1	nbr	pr
2	123-50201-00	Castor 7-59 12-1-3	NBRR	DG
3	123-50205-00	Castor 7-59 12-1-5	NBRR	DG

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**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)