



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10797</u>	Contact Name and Telephone:
Name of Operator: <u>DESERT EAGLE OPERATING LLC</u>	Name: <u>CATHY BULF</u>
Address: <u>17101 PRESTON RD SUITE 105</u>	Phone: <u>(719) 4409906</u> Fax: <u>( )</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248</u>	Email: <u>cathybulf@gmail.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: CATHY BULF

Title: Manager Date: 1/19/2023 Email: cathybulf@gmail.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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2022				
1	071-09920-00	RED ROCKS 1-13	LYNS	TA
2	071-09919-00	Red Rocks 35-15	LYNS	TA

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**

403295288

Imported Data

Total Attach: 1 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)