



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 A BULF

Title: Manager Date: 2/6/2023 Email: cathybulf@gmail.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

Correcting Well Status for November production month to WO from TA

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

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

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

<u>Att Doc Num</u>	<u>Name</u>
403313098	Form 07 SUBMITTED
403313101	Imported Data

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)