



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10831</u>	Contact Name and Telephone:
Name of Operator: <u>SPELLBOUND ENERGY LLC</u>	Name: <u>Brent Schneider</u>
Address: <u>511 16TH STREET SUITE 600</u>	Phone: <u>(303) 4078632</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>brent@teocalienergy.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: Brent Schneider

Title: Engineer Date: 4/11/2024 Email: brent@teocalienergy.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: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2024				
1	123-50496-00	AKBARY 36-3H WH	CODL	PR
2	123-47488-00	DEPORTER 28-27-2H WH	CODL	PR
3	123-42285-00	THOMAS EAST 1 WH	CODL	PR

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>
403750458	Form 07 SUBMITTED
403750460	Imported Data
403750463	Imported Data

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)