



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

ECMC Operator Number: <u>10360</u>	Contact Name and Telephone:
Name of Operator: <u>NAVEX RESOURCES LLC</u>	Name: <u>mark bieker</u>
Address: <u>1020 E LEVEE STREET, SUITE 130</u>	Phone: <u>(785) 6504836</u> Fax: <u>( )</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75207</u>	Email: <u>mabieker@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: mark bieker

Title: consultant Date: 4/20/2024 Email: mabieker@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: 1 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2024				
1	063-06353-00	Pfaffly 1-12	mrtm	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**

--	--

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)