



**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: 5/13/2024 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: 03/2024				
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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
403788812	Form 07 SUBMITTED
403788815	Imported Data
403788818	Imported Data

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)