



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10764</u>	Contact Name and Telephone:
Name of Operator: <u>NUEVIDA RESOURCES LLC</u>	Name: <u>Richard Pate</u>
Address: <u>5950 CEDAR SPRINGS RD STE #100</u>	Phone: <u>(303) 5504880</u> Fax: <u>()</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75235</u>	Email: <u>dpate@nuevidaresources.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: Richard Pate

Title: COO-VP Engr/OPns Date: 5/21/2024 Email: dpate@nuevidaresources.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 Approved: 2 Modified: 2 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2024				
1	067-10037-00	Ardourel 33081718 3HL	N-COM	WO
2	067-10038-01	Ardourel 4HL	N-COM	WO

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2024				
1	067-10037-00	Ardourel 33081718 3HL	N-COM	WO
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Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

ATTACHMENT LIST

Att Doc Num **Name**

403799260	Form 07 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)