



**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: 6/5/2024 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 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2024				
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Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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**ATTACHMENT LIST**

**Att Doc Num**      **Name**

403813946	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)