



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: 7/9/2024 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: 06/2024 | | | | |
| 1 | 063-06353-00 | Pfaffly 1-12 | MRTN | 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)