



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10243</u>	Contact Name and Telephone:
Name of Operator: <u>GMT EXPLORATION COMPANY LLC</u>	Name: <u>Whitney Eberhardt</u>
Address: <u>4949 S NIAGARA ST SUITE 250</u>	Phone: <u>(303) 5869289</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80237</u>	Email: <u>w.eberhardt@gmtexploration.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: Whitney Eberhardt

Title: Engineer Technician Date: 11/21/2024 Email: w.eberhardt@gmtexploration.c

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: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2024				
1	039-06693-00	Marble 6-65 24-12 1HN	N-COM	SO

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2024				
1	039-06693-00	Marble 6-65 24-12 1HN	N-COM	SO

Total 0 Deleted

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

ATTACHMENT LIST

Att Doc Num

Name

404002669

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon Approval

Total: 0 comment(s)