



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404160560**
Date Submitted: **4/10/2025**
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Operator Information

Operator Number: **10841**
Operator Name: **AMERICAN HELIUM LLC**
Operator Address: **23501 CINCO RANCH BLVD, B244 ATTN:LAUREN MEEKS**
Operator City: **KATY**
Operator State: **TX**
Operator Zip: **77494**
First Name: **LAUREN**
Last Name: **MEEKS**
Contact Phone: **(832) 857-9734**
Contact Email: **lmeeks@americanhelium.us**

Monthly Report of Operation

Well Status & Production Provided:
Produced Water Provided:
Deep Geothermal Provided:

Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: **LAUREN MEEKS**
Title: **MANAGING DIRECTOR**
Email: **lmeeks@americanhelium.us**
Phone: **(832) 857-9734**
Signature:

LM

Associated Documents

404160578 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404160583 - FORM 7 SUBMITTED

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