



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404181755**  
Date Submitted: **4/28/2025**

### 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: **01.2025 CORRECTIONS - AHOPE**  
Name: **LAUREN MEEKS**  
Title: **MANAGING DIRECTOR**  
Email: **lmeeks@americanhelium.us**  
Phone: **(832) 857-9734**  
Signature:

LM

## Associated Documents

404181756 - FORM 7 IMPORTED WELL STATUS PRODUCTION

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 [www.colorado.gov/cogcc](http://www.colorado.gov/cogcc)  
Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

