



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404380730**
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Operator Information

Operator Number: **10421**
Operator Name: **PETROLEUM RESOURCE MANAGEMENT CORP**
Operator Address: **1110 SOUTH VINE STREET ATTN: HOLLY HILL**
Operator City: **DENVER**
Operator State: **CO**
Operator Zip: **80210**
First Name: **Tracy**
Last Name: **Meyer**
Contact Phone: **(303) 298-7262**
Contact Email: **tmeyer@ondrishcpa.com**

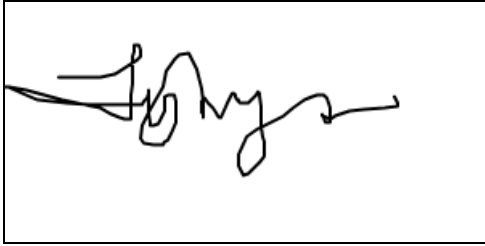
Monthly Report of Operation

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: **Tracy Meyer**
Title: **CPA, Paid Preparer**
Email: **tmeyer@ondrishcpa.com**
Phone: **(303) 298-7262**
Signature:

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "J. S. Polis".

Associated Documents

404380734 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

