



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404380763**
Date Submitted: **10/6/2025**
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Operator Information

Operator Number: **95960**
Operator Name: **WEXPRO COMPANY**
Operator Address: **P O BOX 45003 ATTN: PAUL JIBSON**
Operator City: **SALT LAKE CITY**
Operator State: **UT**
Operator Zip: **84145-0601**
First Name: **DEBBIE**
Last Name: **CARR**
Contact Phone: **(801) 324-2562**
Contact Email: **debbie.carr@dominionenergy.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: **DEBBIE CARR**
Title: **ACCOUNTING SPECIALIST**
Email: **debbie.carr@dominionenergy.com**
Phone: **(801) 324-2562**
Signature:

Debbie Carr

Associated Documents

404380780 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404380789 - FORM 7 SUBMITTED

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