



## 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**

### 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**

SUBMITTED

### 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

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