



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404491821**  
Date Submitted: **1/1/2026**  
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### Operator Information

**Operator Number:** 10282  
**Operator Name:** EPHPHATHA LLC  
**Operator Address:** 1411 E MCANDREWS RD ATTN: SHANE SILLS  
**Operator City:** MEDFORD  
**Operator State:** OR  
**Operator Zip:** 97504  
**First Name:** SHANE  
**Last Name:** SILLS  
**Contact Phone:** (541) 944-7766  
**Contact Email:** shanesills@gmail.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:** SHANE SILLS  
**Title:** MANAGER

**Email:** shanesills@gmail.com

**Phone:** (541) 944-7766

**Signature:**

S.S.

## Associated Documents

404491822 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404491823 - FORM 7 SUBMITTED

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