



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404491821**
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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

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: SHANE SILLS
Title: MANAGER
Email: shanesills@gmail.com

Phone: (541) 944-7766

Signature:

S.S.

Associated Documents

404491822 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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

