



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404492112**
Date Submitted: **1/2/2026**

Operator Information

Operator Number: 31250
Operator Name: FRITZ & DIGMAN INC
Operator Address: PO BOX 70024 ATTN: REBECCA DIGMAN
Operator City: ALBUQUERQUE
Operator State: NM
Operator Zip: 87197-0024
First Name: Cameo
Last Name: Gutierrez
Contact Phone: (505) 327-6176
Contact Email: cameo@littleoilandgas.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:

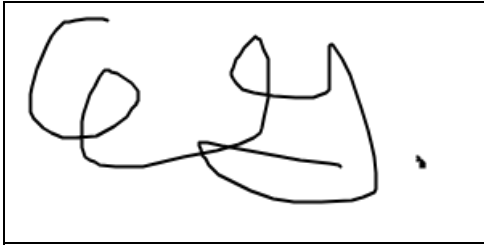
Name: Cameo Gutierrez

Title: Agent

Email: cameo@littleoilandgas.com

Phone: (505) 327-6176

Signature:

A handwritten signature in black ink, enclosed in a rectangular box. The signature is stylized and appears to be the initials 'JM'.

Associated Documents

404492369 - FORM 7 IMPORTED WELL STATUS PRODUCTION

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

