



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404492574**
Date Submitted: **1/2/2026**
Date Approved: **1/5/2026**

Operator Information

Operator Number: 61650
Operator Name: MURFIN DRILLING COMPANY INC
Operator Address: 250 N WATER ST STE 300 ATTN: NICK AHLERICH
Operator City: WICHITA
Operator State: KS
Operator Zip: 67202
First Name: Maureen
Last Name: Haberer
Contact Phone: (785) 483-5371
Contact Email: mhaberer@murfininc.com

Monthly Report of Operation

Well Status & Production Provided:
Produced Water Provided:
Deep Geothermal Provided:

Signature and Certification

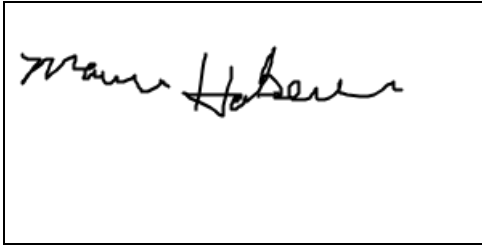
I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Operator Comments:
Name: Maureen Haberer
Title: Production Assistant

Email: mhaberer@murfininc.com

Phone: (785) 483-5371

Signature:

A rectangular box containing a handwritten signature in black ink. The signature appears to read "Mark Haber".

Associated Documents

404492575 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404492576 - FORM 7 SUBMITTED

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

