



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404501674**  
Date Submitted: **1/12/2026**  
Date Approved: **1/13/2026**

### Operator Information

**Operator Number:** 95233  
**Operator Name:** WELLINGTON OPERATING COMPANY  
**Operator Address:** PO BOX 470578 ATTN: JENNIFER DODGEN  
**Operator City:** FORT WORTH  
**Operator State:** TX  
**Operator Zip:** 76147  
**First Name:** Jonathan  
**Last Name:** Ashley  
**Contact Phone:** (817) 370-0612  
**Contact Email:** jashley@onevalor.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:** Jonathan Ashley

**Title:** Accounting Manager

**Email:** jashley@onevalor.com

**Phone:** (817) 370-0612

**Signature:**

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be the name 'J. Ashley'.

## Associated Documents

404501675 - FORM 7 IMPORTED PRODUCED WATER

404501676 - FORM 7 SUBMITTED

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