



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404676396**
Date Submitted: **5/28/2026**
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Operator Information

Operator Number: 95960
Operator Name: WEXPRO COMPANY
Operator Address: P O BOX 45003 ATTN: PAUL JIBSON
Operator City: SALT LAKE CITY
Operator State: UT
Operator Zip: 84145-0601
First Name: Debbie
Last Name: Carr
Contact Phone: (801) 324-2562
Contact Email: debbie.carr@enbridge.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: Debbie Carr

Title: Specialist Accounting

Email: debbie.carr@enbridge.com

Phone: (801) 324-2562

Signature:

Debbie Carr

Associated Documents

404676405 - FORM 7 IMPORTED PRODUCED WATER

404676406 - FORM 7 SUBMITTED

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

