



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10605</u> Name of Operator: <u>APEX OIL VENTURES INC</u> Address: <u>8823 S. REDWOOD ROAD #D-1</u> City: <u>WEST JORDAN</u> State: <u>UT</u> Zip: <u>84088</u>	Contact Name and Telephone: Name: <u>JAN CALLISTER</u> Phone: <u>(801) 487-4721</u> Fax: <u>( )</u> Email: <u>NOMAIL@GMAIL.COM</u>
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**OPERATOR COMMENTS AND SUBMITTAL**

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

Signed: \_\_\_\_\_ Print Name: JAN CALLISTER  
 Title: PRESIDENT Date: 8/17/2016 Email: NOMAIL@GMAIL.COM

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2016				
1	103-07095-00	PONKA-CAMPBELL-GOV'T 6	MNCS	PR

Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	-	-		

## Attachment Check List

**Att Doc Num**

**Name**

2452549

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)