



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10085</u>	Contact Name and Telephone:
Name of Operator: <u>ARMOR PETROLEUM INC</u>	Name: <u>SHERRY FITTS</u>
Address: <u>P O BOX 4625</u>	Phone: <u>(940) 6925001</u> Fax: <u>()</u>
City: <u>WICHITA FALLS</u> State: <u>TX</u> Zip: <u>76308</u>	Email: <u>sherry@apiwf.com</u>

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: SHERRY FITTS

Title: Prod Dept Date: 2/9/2023 Email: sherry@apiwf.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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2022				
1	061-06363-00	DORSETT 1	MSSP	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 List

Att Doc Num

Name

403316416

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)