



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|---|
| OGCC Operator Number: <u>41440</u> | Contact Name and Telephone: |
| Name of Operator: <u>HUBBS III, LLC</u> | Name: <u>Barbara Hubbs</u> |
| Address: <u>367 COUNTY ROAD 129</u> | Phone: <u>(970) 5883309</u> Fax: <u>()</u> |
| City: <u>HESPERUS</u> State: <u>CO</u> Zip: <u>81326</u> | Email: <u>barbarahubbs@gmail.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: Barbara Hubbs

Title: owner/manager Date: 4/23/2023 Email: barbarahubbs@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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|------------------|----------------|-------------|
| Report Month: 03/2023 | | | | |
| 1 | 067-07171-00 | TED & HAZEL 11-1 | DKTA | 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

403381228

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)