



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>(928) 3033730</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: 12/9/2023 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: 10/2023				
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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**

403619990	Imported Data
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)