



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10360</u>	Contact Name and Telephone:
Name of Operator: <u>NAVEX RESOURCES LLC</u>	Name: <u>mark bieker</u>
Address: <u>1020 E LEVEE STREET, SUITE 130</u>	Phone: <u>(785) 6504836</u> Fax: <u>()</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75207</u>	Email: <u>mabieker@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: mark bieker

Title: CONSULTANT Date: 11/2/2024 Email: mabieker@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: 10/2024				
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Total 0 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Total 0 Deleted

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

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)