



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|---|
| OGCC Operator Number: <u>7125</u> | Contact Name and Telephone: |
| Name of Operator: <u>BEEMAN OIL & GAS INC</u> | Name: <u>Sarah Stepp</u> |
| Address: <u>3401 QUEBEC ST SUITE 9105</u> | Phone: <u>(720) 3773336</u> Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80207</u> | Email: <u>wcciassistant@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: Sarah Stepp

Title: agent Date: 3/8/2023 Email: wcciassistant@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: 5 In Process: 5 Modified: 0 Deleted: 0

Total 5 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|------------|----------------|-------------|
| Report Month: 02/2023 | | | | |
| 1 | 067-09070-00 | HUBBS #1 | DKTA | SI |
| 2 | 067-09390-00 | HUBBS #2 | DKTA | SI |
| 3 | 067-09099-00 | GLADYS #1 | DKTA | SI |
| 4 | 067-09363-00 | GLADYS #2 | DKTA | SI |
| 5 | 067-09071-00 | BARBARA #2 | DKTA | SI |

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

403339950

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)