



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: 90450	Contact Name and Telephone:
Name of Operator: TRUE OIL LLC	Name: Nicole Taylor
Address: P O BOX 2360	Phone: (307) 266-0480 Fax: ()
City: CASPER State: WY Zip: 82601	Email: nicole.taylor@truecos.com

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: Nicole Taylor

Title: Production Tech Date: 12/19/2023 Email: nicole.taylor@truecos.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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2023				
1	005-07343-00	BUCKSKIN 5-64 15-161 BHZ	NBRR	PR
2	005-07266-00	CITADEL 5-64 15-161 CHZ	NBRR	PR
3	005-07341-00	GRIZZLY 5-64 15-161 CHZ	NBRR	PR
4	005-07268-00	HAGAR 5-64 15-161 BHZ	NBRR	PR
5	005-07342-00	OURAY 5-64 15-161 BHZ	NBRR	PR
6	005-07269-00	POWELL 5-64	NBRR	PR
7	005-07340-00	THUNDER 5-64 15-161 CHZ	NBRR	PR
8	005-07267-00	WILDHORSE 5-64	NBRR	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

403629102	Form 07 SUBMITTED
403629103	Imported Data

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)