



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|-----------------------------------|--------------------------------|
| OGCC Operator Number: 10386 | Contact Name and Telephone: |
| Name of Operator: POC-I LLC | Name: Terry Behrman |
| Address: P.O. BOX 51208 | Phone: (970) 3265910 Fax: () |
| City: CASPER State: WY Zip: 82605 | Email: terrybehrman7@gmail.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: Stephen
Title: Prod Date: 12/18/2023 Email: stephen@sunshinevalleypetrol

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: 9 Approved: 9 Modified: 0 Deleted: 0

Total 9 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-----------|----------------|-------------|
| Report Month: 11/2023 | | | | |
| 1 | 081-05119-00 | ILES #8 | SNDC | SI |
| 2 | 081-05108-00 | ILES #11 | SNDC | SI |
| 3 | 081-05093-00 | ILES #22 | SNDC | SI |
| 4 | 081-05656-00 | ILES #24 | SNDC | SI |
| 5 | 081-05086-00 | ILES #25 | MRSN | SI |
| 6 | 081-05106-00 | ILES #26 | MRSN | SI |
| 7 | 081-05086-00 | ILES #25 | SNDC | SI |
| 8 | 081-05106-00 | ILES #26 | SNDC | SI |
| 9 | 081-05090-00 | ILES #37 | SNDC | 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

| | |
|-----------|-------------------|
| 403628813 | Form 07 SUBMITTED |
| 403628818 | Imported Data |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|---------------------|
| | | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)