



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10428</u>	Contact Name and Telephone:
Name of Operator: <u>DIVERSIFIED ENERGY LLC</u>	Name: <u>JASON HAACK</u>
Address: <u>10940 S PARKER ROAD</u>	Phone: <u>(303) 9950826</u> Fax: <u>( )</u>
City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80134</u>	Email: <u>JHAACK@OAGPRODUCTION.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: JASON HAACK  
Title: MANAGER Date: 1/12/2016 Email: JHAACK@OAGPRODUCTION.

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed

Operator Comments:

BINGMAN 1-14 2015 TO DEC 2015

**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: 07/2015				
1	081-06954-00	BINGMAN 1-14	MRSN	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 Check List

**Att Doc Num**      **Name**

400969216	Monthly Report Of Operations
-----------	------------------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)