



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10422</u>	Contact Name and Telephone:
Name of Operator: <u>PRONGHORN OPERATING LLC</u>	Name: <u>JAKE FLORA</u>
Address: <u>8400 E PRENTICE AVENUE #1000</u>	Phone: <u>(720) 9885375</u> Fax: <u>()</u>
City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>jakeflora@kfrcorp.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: JAKE FLORA
Title: PARTNER Date: 2/1/2016 Email: jakeflora@kfrcorp.com

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

Operator Comments:

Form 7_disposal wells_Pronghorn Operating (10422)_ NOV, DEC 2015

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 4 Approved: 4 Modified: 0 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2015				
1	017-07736-00	SHADY LADY 15	LNSNG	IJ
2	017-06045-00	MILLER SWDW 2	SPGN	IJ
Report Month: 12/2015				
3	017-07736-00	SHADY LADY 15	LNSNG	IJ
4	017-06045-00	MILLER SWDW 2	SPGN	IJ

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

<u>Att Doc Num</u>	<u>Name</u>
400981518	Form 07 SUBMITTED
400981524	Monthly Report Of Operations
400981568	DELINQUENT REPORT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)