



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

OGCC Operator Number: 53790	Contact Name and Telephone:
Name of Operator: MARKUS PRODUCTION, INC	Name: Mark Brown
Address: 39 FAIRWAY LANE	Phone: (720) 350-8858 Fax: ( )
City: LITTLETON State: CO Zip: 80123	Email: mark@markusproduction.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: Mark Brown

Title: President Date: 5/14/2016 Email: mark@markusproduction.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: 24 In Process: 24 Modified: 0 Deleted: 0

Total 24 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	121-09919-00	CHARLES JOLLY 42 A-6	JSND	SI
4	123-11745-00	KETTLER 1-18	CODL	PR
7	087-08106-00	NB WICKSTROM-STATE 42-16	DSND	SI
10	087-08117-00	NB-WICKSTROM-STATE 33-16	DSND	SI
13	057-06065-00	STATE #1-36	NBRR	PR
16	087-07832-00	WELKER 43-30	DSND	SI
19	123-14397-00	LIVENGOOD 2-7	DSND	SI
22	123-14742-00	LIVENGOOD 7-7	DSND	PR
Report Month: 02/2016				
2	121-09919-00	CHARLES JOLLY 42 A-6	JSND	SI
5	123-11745-00	KETTLER 1-18	CODL	PR
8	087-08106-00	NB WICKSTROM-STATE 42-16	DSND	SI
11	087-08117-00	NB-WICKSTROM-STATE 33-16	DSND	SI
14	057-06065-00	STATE #1-36	NBRR	PR
17	087-07832-00	WELKER 43-30	DSND	SI
20	123-14397-00	LIVENGOOD 2-7	DSND	SI
23	123-14742-00	LIVENGOOD 7-7	DSND	PR

Report Month: 03/2016				
3	121-09919-00	CHARLES JOLLY 42 A-6	JSND	SI
6	123-11745-00	KETTLER 1-18	CODL	PR
9	087-08106-00	NB WICKSTROM-STATE 42-16	DSND	SI
12	087-08117-00	NB-WICKSTROM-STATE 33-16	DSND	SI
15	057-06065-00	STATE #1-36	NBRR	PR
18	087-07832-00	WELKER 43-30	DSND	SI
21	123-14397-00	LIVENGOOD 2-7	DSND	SI
24	123-14742-00	LIVENGOOD 7-7	DSND	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 Check List

**Att Doc Num**

**Name**

401047477	Monthly Report Of Operations
401047478	Monthly Report Of Operations
401047479	Monthly Report Of Operations

Total Attach: 3 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)