

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/08/2016

Document Number:

401060304**OPERATOR'S MONTHLY REPORT OF OPERATIONS****OPERATOR INFORMATION**

OGCC Operator Number: <u>200077</u>	Contact Name and Telephone:
Name of Operator: <u>CHARLES P DUNNING LLC</u>	Name: <u>Roxie Dunning</u>
Address: <u>PO BOX 1365</u>	Phone: <u>(970) 542-6442</u> Fax: <u>()</u>
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>roxie.dunning@me.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: Roxie Dunning

Title: COUA Date: 6/8/2016 Email: roxie.dunning@me.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: 13 Approved: 13 Modified: 3 Deleted: 0

Total 13 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	123-18970-00	SHOEMAKER 7-19	NBRR	TA
2	123-18989-00	SHOEMAKER 4-19	N-COM	TA
Report Month: 02/2016				
3	001-06031-00	JOLLY-PLATTS 1	JSND	PR
4	001-06060-00	JOLLY-PLATTS 2	JSND	PR
5	001-09750-00	IKEY 1	JSND	PR
7	123-18970-00	SHOEMAKER 7-19	NBRR	TA
9	123-18989-00	SHOEMAKER 4-19	N-COM	TA
Report Month: 03/2016				
6	087-07972-00	WAGERS 1-B	DSND	PR
8	123-18970-00	SHOEMAKER 7-19	NBRR	TA
10	123-18989-00	SHOEMAKER 4-19	N-COM	TA
11	001-06031-00	JOLLY-PLATTS 1	JSND	PR
12	001-06060-00	JOLLY-PLATTS 2	JSND	PR
13	001-09750-00	IKEY 1	JSND	PR

Total 3 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
2	123-18989-00	SHOEMAKER 4-19	N-COM	TA
Report Month: 02/2016				
9	123-18989-00	SHOEMAKER 4-19	N-COM	TA
Report Month: 03/2016				
10	123-18989-00	SHOEMAKER 4-19	N-COM	TA

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

Attachment Check List

Att Doc Num

Name

401060304	Form 07 SUBMITTED
401062662	ERROR REPORT

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)