



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: 6 Approved: 6 Modified: 1 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2016				
1	001-09750-00	IKEY 1	JSND	PR
2	001-06031-00	JOLLY-PLATTS 1	JSND	PR
3	001-06060-00	JOLLY-PLATTS 2	JSND	PR
4	123-18989-00	SHOEMAKER 4-19	N-COM	TA
5	123-18970-00	SHOEMAKER 7-19	NBRR	TA
6	087-07972-00	WAGERS 1-B	DSND	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2016				
4	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

<u>Att Doc Num</u>	<u>Name</u>
401060314	Form 07 SUBMITTED
401060315	Imported Data
401060316	Imported Data
401062664	ERROR REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)