



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|-------------------------------------------------------------------|----------------------------------------------|
| OGCC Operator Number: <u>10446</u> | Contact Name and Telephone: |
| Name of Operator: <u>MUSTANG CREEK OPERATING LLC</u> | Name: <u>Bill McKnab</u> |
| Address: <u>5251 DTC PARKWAY #800</u> | Phone: <u>(303) 550-1274</u> Fax: <u>()</u> |
| City: <u>GREENWOOD VILLAGE</u> State: <u>CO</u> Zip: <u>80111</u> | Email: <u>billmcknB@AOL.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: Bill McKnab
 Title: Consultant Date: 1/20/2017 Email: billmcknB@AOL.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: 2 Approved: 2 Modified: 2 Deleted: 0

Total 2 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------|----------------|-------------|
| Report Month: 12/2016 | | | | |
| 1 | 039-06680-00 | CALLAWAY 3-33 | N-COM | PR |
| 2 | 039-06681-00 | PAYNE 23-41 | CHRK | TA |

Total 2 Modified

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|---------------|----------------|-------------|
| Report Month: 12/2016 | | | | |
| 1 | 039-06680-00 | CALLAWAY 3-33 | N-COM | PR |
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Total 0 Deleted

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

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------------|
| 401189687 | Form 07 SUBMITTED |
| 401189691 | Imported Data |
| 401190093 | Imported Data |

Total Attach: 3 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)