



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10626</u>	Contact Name and Telephone:
Name of Operator: <u>DOVER ATWOOD CORPORATION</u>	Name: <u>J LEVENGOOD</u>
Address: <u>1875 HARSH AVENUE SE</u>	Phone: <u>(330) 3231930</u> Fax: <u>( )</u>
City: <u>MASSILLON</u> State: <u>OH</u> Zip: <u>44646</u>	Email: <u>NOMAIL@GMAIL.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: J LEVENGOOD  
Title: PRESIDENT Date: 4/26/2017 Email: NOMAIL@GMAIL.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: 0 Deleted: 0

Total 6 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2016				
1	009-06339-00	TATE A 1	TOPK	PR
Report Month: 09/2016				
2	009-06339-00	TATE A 1	TOPK	PR
Report Month: 10/2016				
3	009-06339-00	TATE A 1	TOPK	PR
Report Month: 11/2016				
4	009-06339-00	TATE A 1	TOPK	SI
Report Month: 12/2016				
5	009-06339-00	TATE A 1	TOPK	PR
Report Month: 01/2017				
6	009-06339-00	TATE A 1	TOPK	PR

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**

2226458

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)