



**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>JOHN LEVENGOOD</u>
Address: <u>1875 HARSH AVENUE SE</u>	Phone: <u>(330) 3231930</u> Fax: <u>(330) 8090670</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: JOHN LEVENGOOD

Title: PRESIDENT Date: 5/19/2017 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: 20 Approved: 20 Modified: 0 Deleted: 0

Total 20 Approved

No	API #	Well Name	Formation Code	Well Status
<b>Report Month: 08/2016</b>				
1	009-06189-00	HEFLEY 2	TOPK	PR
2	009-05303-00	OLIVER 1-18	TOPK	PR
3	009-06098-00	SWANSON, M 1-35	TOPK	PR
4	009-06147-00	BURCHFIELD 1-33	TOPK	PR
<b>Report Month: 09/2016</b>				
5	009-06189-00	HEFLEY 2	TOPK	PR
6	009-05303-00	OLIVER 1-18	TOPK	PR
7	009-06098-00	SWANSON, M 1-35	TOPK	PR
8	009-06147-00	BURCHFIELD 1-33	TOPK	PR
<b>Report Month: 10/2016</b>				
9	009-06189-00	HEFLEY 2	TOPK	PR
10	009-05303-00	OLIVER 1-18	TOPK	PR
11	009-06098-00	SWANSON, M 1-35	TOPK	PR
12	009-06147-00	BURCHFIELD 1-33	TOPK	PR
<b>Report Month: 11/2016</b>				
13	009-06189-00	HEFLEY 2	TOPK	PR
14	009-05303-00	OLIVER 1-18	TOPK	PR

15	009-06098-00	SWANSON, M 1-35	TOPK	PR
16	009-06147-00	BURCHFIELD 1-33	TOPK	SI
Report Month: 12/2016				
17	009-06189-00	HEFLEY 2	TOPK	PR
18	009-05303-00	OLIVER 1-18	TOPK	PR
19	009-06098-00	SWANSON, M 1-35	TOPK	PR
20	009-06147-00	BURCHFIELD 1-33	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**

2226550

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)