



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10428</u>	Contact Name and Telephone:
Name of Operator: <u>DIVERSIFIED ENERGY LLC</u>	Name: <u>Jason Haack</u>
Address: <u>19501 E MAIN STREET #200</u>	Phone: <u>(303) 9950826</u> Fax: <u>( )</u>
City: <u>PARKER</u> State: <u>CO</u> Zip: <u>80138</u>	Email: <u>jhaack@oagproduction.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: Jason Haack

Title: Manager Date: 10/24/2017 Email: jhaack@oagproduction.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 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2017				
1	081-06954-00	BINGMAN 1-14	MRSN	PR
Report Month: 09/2017				
2	081-06954-00	BINGMAN 1-14	MRSN	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**

401437941

Imported Data

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)