

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

05/21/2019

Document Number:

402050844

## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

|  |   |
|--|---|
| OGCC Operator Number: <u>10656</u>                     | Contact Name and Telephone:                 |
| Name of Operator: <u>MORNING GUN EXPLORATION LLC</u>   | Name: <u>Drew Stephon</u>                   |
| Address: <u>1601 ARAPAHOE ST</u>                       | Phone: <u>(303) 5908586</u> Fax: <u>( )</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>dstephon@morninggun.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: Drew StephonTitle: Petroleum Engineer Date: 5/21/2019 Email: dstephon@morninggun.comBy 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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

| No                    | API #        | Well Name      | Formation Code | Well Status |
|-----------------------|--------------|----------------|----------------|-------------|
| Report Month: 03/2019 |              |                |                |             |
| 1                     | 087-08192-00 | CONRAD 44-1GHZ | GRNHN          | 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**

|           |                   |
|-----------|-------------------|
| 402050844 | Form 07 SUBMITTED |
| 402050848 | Imported Data     |

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)