



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10583</u>	Contact Name and Telephone:
Name of Operator: <u>PETRO OPERATING COMPANY LLC</u>	Name: <u>KEVIN NANKE</u>
Address: <u>9033 E EASTER PLACE SUITE 112</u>	Phone: <u>(720) 362-5995</u> Fax: <u>()</u>
City: <u>CENTENNIAL</u> State: <u>CO</u> Zip: <u>80112-2105</u>	Email: <u>knanke@knconsultinginc.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: KEVIN NANKE

Title: OPERATOR Date: 2/19/2020 Email: knanke@knconsultinginc.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: 8 In Process: 8 Modified: 0 Deleted: 0

Total 8 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2018				
1	001-10215-00	BEF WEST 14	NB-CD	DG
2	001-10219-00	BEF WEST 15	NB-CD	DG
3	001-10222-00	BEF WEST 16	NBRR	DG
4	001-10223-00	BEF WEST 17	NBRR	DG
5	001-10209-00	BEF WEST 19	NBRR	DG
6	001-10221-00	BEF WEST 20	NBRR	DG
7	001-10207-00	BEF WEST 21	CODL	DG
8	001-10211-00	BEF WEST 22	NB-CD	DG

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**

402317152	Imported Data
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)