



**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: 2/23/2020 Email: JHAACK@OAGPRODUCTION.

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: 12 In Process: 12 Modified: 0 Deleted: 0

Total 12 In Process

No	API #	Well Name	Formation Code	Well Status
<b>Report Month: 05/2019</b>				
1	081-05284-00	A.P. URIE 1	MSRN	SI
2	081-06954-00	BINGMAN 1-14	MSRN	SI
3	081-05289-00	J P WEISE 1	MSRN	SI
<b>Report Month: 06/2019</b>				
4	081-05289-00	J P WEISE 1	MSRN	SI
5	081-06954-00	BINGMAN 1-14	MSRN	SI
6	081-05284-00	A.P. URIE 1	MSRN	SI
<b>Report Month: 07/2019</b>				
7	081-06954-00	BINGMAN 1-14	MSRN	SI
8	081-05289-00	J P WEISE 1	MSRN	SI
9	081-05284-00	A.P. URIE 1	MSRN	SI
<b>Report Month: 08/2019</b>				
10	081-05289-00	J P WEISE 1	MSRN	SI
11	081-06954-00	BINGMAN 1-14	MSRN	SI
12	081-05284-00	A.P. URIE 1	MSRN	SI

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**

--	--

Total Attach: 0 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	------------------------

Total: 0 comment(s)