



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

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

## 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 Approved: 8 Modified: 4 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2018				
1	001-10215-00	BEF WEST 14	N-COM	DG
2	001-10219-00	BEF WEST 15	N-COM	DG
3	001-10222-00	BEF WEST 16	N-COM	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	N-COM	DG

Total 4 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2018				
1	001-10215-00	BEF WEST 14	N-COM	DG
2	001-10219-00	BEF WEST 15	N-COM	DG
3	001-10222-00	BEF WEST 16	N-COM	DG
8	001-10211-00	BEF WEST 22	N-COM	DG

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
	- -			

## Attachment Check List

**Att Doc Num**

**Name**

402317148	Form 07 SUBMITTED
402317152	Imported Data

Total Attach: 2 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)