



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>200077</u>	Contact Name and Telephone:
Name of Operator: <u>CHARLES P DUNNING LLC</u>	Name: <u>Roxie Dunning</u>
Address: <u>PO BOX 1365</u>	Phone: <u>(303) 990-2422</u> Fax: <u>()</u>
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>roxie.dunning@me.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: Roxie Dunning

Title: COUA Date: 4/12/2020 Email: roxie.dunning@me.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: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2020				
1	001-09750-00	IKEY 1	JSND	PR
2	001-06031-00	JOLLY-PLATTS 1	JSND	SI
3	001-06060-00	JOLLY-PLATTS 2	JSND	PR
4	087-07972-00	WAGERS 1-B	DSND	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**

402368437	Imported Data
-----------	---------------

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)