



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>Joe Richardson</u>
Address: <u>1601 ARAPAHOE ST</u>	Phone: <u>(303) 242-1844</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JR@S-Companies.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: Joe Richardson

Title: VP of Operations Date: 12/19/2021 Email: JR@S-Companies.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: 1 In Process: 1 Modified: 1 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2021				
1	123-50202-00	Castor 7-59 12-1-1	NIO	SI

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2021				
1	123-50202-00	Castor 7-59 12-1-1	NIO	SI

Total 0 Deleted

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

Attachment List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)