



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|--|--|
| OGCC Operator Number: <u>10814</u> | Contact Name and Telephone: |
| Name of Operator: <u>MDS ENERGY DEVELOPMENT LLC</u> | Name: <u>Kelsi Welch</u> |
| Address: <u>409 BUTLER RD SUITE A</u> | Phone: <u>(303) 257-0107</u> Fax: <u>()</u> |
| City: <u>KITTANNING</u> State: <u>PA</u> Zip: <u>16201</u> | Email: <u>kelsi.welch@iptwell.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: Kelsi Welch

Title: Permitting & Compliance Date: 10/23/2023 Email: kelsi.welch@iptwell.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 Approved: 1 Modified: 1 Deleted: 0

Total 1 Approved

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|--------------------|----------------|-------------|
| Report Month: 07/2023 | | | | |
| 1 | 123-50752-00 | CASTOR 7-59 10-3-8 | N-COM | DG |

Total 1 Modified

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|--------------------|----------------|-------------|
| Report Month: 07/2023 | | | | |
| 1 | 123-50752-00 | CASTOR 7-59 10-3-8 | N-COM | DG |

Total 0 Deleted

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

Attachment List

Att Doc Num

Name

| | |
|-----------|-------------------|
| 403569737 | Form 07 SUBMITTED |
| 403569742 | Imported Data |

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)