



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: 11/13/2023 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: 4 Approved: 4 Modified: 4 Deleted: 0

Total 4 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2023				
1	123-50750-00	CASTOR 7-59 10-3-1	N-COM	SI
2	123-50751-00	CASTOR 7-59 10-3-5	N-COM	SI
3	123-50752-00	CASTOR 7-59 10-3-8	N-COM	SI
4	123-50755-00	CASTOR 7-59 10-3-12	N-COM1	SI

Total 4 Modified

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4	123-50755-00	CASTOR 7-59 10-3-12	N-COM1	SI

Total 0 Deleted

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

Attachment List

Att Doc Num

Name

403593436	Form 07 SUBMITTED
403593455	Imported Data

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)