



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10814</u> Name of Operator: <u>MDS ENERGY DEVELOPMENT LLC</u> Address: <u>409 BUTLER RD SUITE A</u> City: <u>KITTANNING</u> State: <u>PA</u> Zip: <u>16201</u>	Contact Name and Telephone: Name: <u>Kelsi Welch</u> Phone: <u>(303) 257-0107</u> Fax: <u>( )</u> Email: <u>Kelsi.welch@iptwell.com</u>
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**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: 2/6/2024 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:

Now that the ECMC has completed the revisions to the WebForms Form 7 to implement 34-60-134 (2) C.R.S. and it is now available for Operator use, this submittal includes all the 2023 Form 7W data that had previously been emailed per ECMC request.

**Monthly Report of Operations**

Submitted Items Summary Totals:

Submitted: 0 Approved: 0 Modified: 0 Deleted: 0

Total 0 Approved

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

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 List

<u>Att Doc Num</u>	<u>Name</u>
403678609	Form 07 SUBMITTED
403678612	Imported Data
403678621	Imported Data
403678623	Imported Data

Total Attach: 4 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)