



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: 2/14/2024 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:

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>
403687062	Form 07 SUBMITTED
403687069	Imported Data

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)