



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

ECMC Operator Number: <u>10814</u>	Contact Name and Telephone:
Name of Operator: <u>MDS ENERGY DEVELOPMENT LLC</u>	Name: <u>Jim Jacobsen</u>
Address: <u>409 BUTLER RD SUITE A</u>	Phone: <u>(720) 326-5262</u> Fax: <u>()</u>
City: <u>KITTANNING</u> State: <u>PA</u> Zip: <u>16201</u>	Email: <u>jim.jacobsen@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: 4/29/2024 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: 10 Approved: 10 Modified: 10 Deleted: 0

Total 10 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2024				
1	123-50750-00	CASTOR 7-59 10-3-1	N-COM	PR
2	123-50751-00	CASTOR 7-59 10-3-5	N-COM	PR
3	123-50752-00	CASTOR 7-59 10-3-8	N-COM	PR
4	123-50755-00	CASTOR 7-59 10-3-12	N-COM	PR
5	123-52425-00	DAFFY 28-27 1HN	N-COM	DG
6	123-52415-00	DAFFY 28-27 2HN	N-COM	DG
7	123-52424-00	DAFFY 28-27 3HN	N-COM	DG
8	123-52416-00	DAFFY 28-27 4HC	N-COM	DG
9	123-52423-00	DAFFY 28-27 5HN	N-COM	DG
10	123-52422-00	DAFFY 28-27 6HN	N-COM	DG

Total 10 Modified

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10	123-52422-00	DAFFY 28-27 6HN	N-COM	DG

Total 0 Deleted

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

ATTACHMENT LIST

Att Doc Num	Name
403772030	Form 07 SUBMITTED
403772032	Imported Data
403772034	Imported Data
403772043	Imported Data

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)