



## Form 7 - Monthly Report of Operation

### Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**  
Document Number: **404492879**  
Date Submitted: **1/4/2026**  
Date Approved: **1/5/2026**

### Operator Information

**Operator Number:** 200077  
**Operator Name:** CHARLES P DUNNING LLC  
**Operator Address:** PO BOX 1365 ATTN: CHUCK DUNNING  
**Operator City:** FORT MORGAN  
**Operator State:** CO  
**Operator Zip:** 80701  
**First Name:** Jeff  
**Last Name:** DUNNING  
**Contact Phone:** (940) 535-4149  
**Contact Email:** dunning@me.com

### Monthly Report of Operation

**Well Status & Production Provided:**   
**Produced Water Provided:**   
**Deep Geothermal Provided:**

### Signature and Certification

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

**Operator Comments:**  
**Name:** JEFF DUNNING  
**Title:** OWNER

**Email:** dunning@me.com

**Phone:** (940) 535-4149

**Signature:**

*Jeff Dunning*

## Associated Documents

404492880 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404492881 - FORM 7 SUBMITTED

1120 Lincoln Street, Suite 801, Denver, CO 80203 P 303.894.2100 [www.colorado.gov/ecmc](http://www.colorado.gov/ecmc)  
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