



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10150</u>	Contact Name and Telephone:
Name of Operator: <u>BLACK HILLS PLATEAU PRODUCTION LLC</u>	Name: <u>Dale Baumgarten</u>
Address: <u>1515 WYNKOOP ST STE 500</u>	Phone: <u>(303) 566-3376</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>dale.ekberg@blackhillscorp.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: Dale Baumgarten  
 Title: Production Analyst Date: 2/8/2016 Email: dale.ekberg@blackhillscorp.co

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: 8 Approved: 8 Modified: 0 Deleted: 0

Total 8 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2012				
1	077-08368-00	CARPENTER 15-1	CRCRN	PA
2	077-08368-00	CARPENTER 15-1	COZZ	PA
3	077-08368-00	CARPENTER 15-1	RLNS	PA
Report Month: 05/2012				
4	077-08368-00	CARPENTER 15-1	CRCRN	PA
5	077-08368-00	CARPENTER 15-1	COZZ	PA
6	077-08368-00	CARPENTER 15-1	RLNS	PA
Report Month: 07/2012				
7	077-08476-00	HARVEY 5-19	DKTA	PA
Report Month: 08/2012				
8	077-08476-00	HARVEY 5-19	DKTA	PA

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 Check List

<u>Att Doc Num</u>	<u>Name</u>
400985509	Form 07 SUBMITTED
400985510	Monthly Report Of Operations
400985512	Monthly Report Of Operations
400985525	Monthly Report Of Operations

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)