

**OPERATOR'S MONTHLY REPORT OF OPERATIONS****OPERATOR INFORMATION**

OGCC Operator Number: <u>14855</u>	Contact Name and Telephone:
Name of Operator: <u>CENTRAL OPERATING INC</u>	Name: <u>Cullin Johnson</u>
Address: <u>1600 BROADWAY STE 1050</u>	Phone: <u>(303) 894-9576</u> Fax: <u>(303) 894-0898</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>coidenverproduction@gmail.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: Cullin Johnson

Title: Ops Engineer Date: 10/4/2017 Email: coidenverproduction@gmail.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: 7 In Process: 7 Modified: 0 Deleted: 0

Total 7 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2017				
1	121-08619-00	MARICK A-2	JSND	SI
2	121-08118-00	STATE 1	DSND	PR
3	121-08988-00	STATE 3	DSND	PR
4	121-05400-00	JONES JW 1	DSND	SI
5	121-10198-00	RUDNIK 1A	NBRR	SI
6	121-09059-00	RUDNIK 1 RE	NBRR	SI
7	121-10939-00	RUDNIK 2	NBRR	SI

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

Att Doc Num

Name

401419811	Imported Data
401419812	Imported Data

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)