



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10454</u>	Contact Name and Telephone:
Name of Operator: <u>PETROSHARE CORPORATION</u>	Name: <u>CINDY NUFFER</u>
Address: <u>9635 MAROON CIRCLE #400</u>	Phone: <u>(303) 500-1160</u> Fax: <u>()</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>	Email: <u>CNUFFER@PROVIDENCE-ENERGY.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: CINDY NUFFER

Title: ANALYST Date: 9/15/2020 Email: CNUFFER@PROVIDENCE-

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: 2 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 08/2019				
1	001-06251-00	GUTHRIE ABNER 1	CODL	SI
2	001-06251-00	GUTHRIE ABNER 1	JSND	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**

402490062	Imported Data
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)