



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10656</u>	Contact Name and Telephone:
Name of Operator: <u>MORNING GUN EXPLORATION LLC</u>	Name: <u>Joe Richardson</u>
Address: <u>1601 ARAPAHOE ST</u>	Phone: <u>(303) 242-1844</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JR@S-Companies.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: Joe Richardson

Title: VP Operations Date: 11/20/2021 Email: JR@S-Companies.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: 1 In Process: 1 Modified: 1 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2021				
1	123-50202-00	Castor 7-59 12-1-1	N com	WO

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2021				
1	123-50202-00	Castor 7-59 12-1-1	N com	WO

Total 0 Deleted

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

## Attachment List

**Att Doc Num**

**Name**

--	--

Total Attach: 0 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval

Total: 0 comment(s)