



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>46290</u>	Contact Name and Telephone:
Name of Operator: <u>KP KAUFFMAN COMPANY INC</u>	Name: <u>Bonnie Winter</u>
Address: <u>1675 BROADWAY, STE 2800</u>	Phone: <u>(303) 825-4822</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bwinter@kpk.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: Bonnie Winter

Title: Production Manager Date: 5/15/2021 Email: bwinter@kpk.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: 4 In Process: 4 Modified: 0 Deleted: 0

Total 4 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2021				
1	123-09680-00	MFM FARMS #1	SUSX	PR
2	123-08593-00	RASMUSSEN #1	SX-SN	PR
3	123-09109-00	RASMUSSEN #2	SX-SN	PR
4	123-09238-00	RASMUSSEN #3	SX-SN	PR

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 List

Att Doc Num

Name

402690392

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)