



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10453</u>	Contact Name and Telephone:
Name of Operator: <u>CCI PARADOX UPSTREAM LLC</u>	Name: <u>Elisha Morris</u>
Address: <u>811 MAIN STREET #3500</u>	Phone: <u>(970) 864-7591</u> Fax: <u>(970) 864-7597</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>elisha.morris@cci.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: Elisha

Title: Production tech Date: 12/10/2015 Email: elisha.morris@cci.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: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2013				
1	113-06216-00	HC FED #1-12-44-15	HRMS	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 Check List

<u>Att Doc Num</u>	<u>Name</u>
400951810	Form 07 SUBMITTED
400951819	Monthly Report Of Operations
400951822	Monthly Report Of Operations
400951826	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)