



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10570</u>	Contact Name and Telephone:
Name of Operator: <u>CPX II OPERATING LLC</u>	Name: <u>Halle Milne</u>
Address: <u>420 OIL CENTER DRIVE</u>	Phone: <u>(720) 359-1584</u> Fax: <u>()</u>
City: <u>LAFAYETTE</u> State: <u>LA</u> Zip: <u>70503</u>	Email: <u>hmilne@progressivepcs.net</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: Halle Milne
Title: Production Analyst Date: 11/19/2015 Email: hmilne@progressivepcs.net

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: 9 Approved: 9 Modified: 3 Deleted: 0

Total 9 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
1	045-16947-00	TPR 1	MNCS	PR
2	045-16947-00	TPR 1	NBRR	PR
3	045-16947-00	TPR 1	WMFK	PR
4	045-22155-00	TPR 112-16	WMFK	PR
5	045-22155-00	TPR 112-16	N-COM1	WO
6	045-22155-00	TPR 112-16	N-COM2	WO
7	045-22153-00	TPR 176-25	N-COM	WO
8	045-22153-00	TPR 176-25	NBRR	WO
9	045-22153-00	TPR 176-25	MNCS	WO

Total 3 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2015				
5	045-22155-00	TPR 112-16	N-COM1	WO
6	045-22155-00	TPR 112-16	N-COM2	WO
7	045-22153-00	TPR 176-25	N-COM	WO

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400939561	Form 07 SUBMITTED
400939575	Monthly Report Of Operations
400954546	ERROR REPORT
400954550	DELINQUENT REPORT

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)