



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10665</u>	Contact Name and Telephone:
Name of Operator: <u>CCRP OPERATING INC</u>	Name: <u>Ian Myers</u>
Address: <u>717 17TH STREET STE 1525</u>	Phone: <u>(720) 961-4926</u> Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>imyers@clearcreekrp.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: Andrea Gross

Title: Permit Agent Date: 5/31/2018 Email: agross@upstreampm.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: 2 Approved: 2 Modified: 2 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2018				
1	123-41933-00	COX 1	N-COM	PR
2	123-42263-00	MEADER 4	N-COM	PR

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2018				
1	123-41933-00	COX 1	N-COM	PR
2	123-42263-00	MEADER 4	N-COM	PR

Total 0 Deleted

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

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401658044	Form 07 SUBMITTED
401658049	Imported Data

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)