



**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: Tishany Jenkins

Title: Regulatory Technician Date: 7/31/2018 Email: tjenkins@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: 1 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2018				
1	123-41933-00	COX 1	CODL	SI
2	123-42263-00	MEADER 4	N-COM	PR

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2018				
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

**Att Doc Num**      **Name**

401719455	Form 07 SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)