



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>Sydney Smith</u>
Address: <u>717 17TH STREET STE 1525</u>	Phone: <u>(303) 910-4511</u> Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ssmith@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: Sydney Smith
 Title: Regulatory Manager Date: 12/15/2018 Email: ssmith@clearcreekrp.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: 3 Approved: 3 Modified: 0 Deleted: 0

Total 3 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 10/2018				
1	123-41933-00	COX 1	CD-FH	PR
2	123-41935-00	COX 5	N-COM	PR
3	123-42263-00	MEADER 4	N-COM	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>
401876123	Form 07 SUBMITTED
401876124	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)