



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10639</u>	Contact Name and Telephone:
Name of Operator: <u>CPX PICEANCE HOLDINGS LLC</u>	Name: <u>Kellie Diffendaffer</u>
Address: <u>34 S WYNDEN DR STE 240</u>	Phone: <u>(970) 669-7411</u> Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77056</u>	Email: <u>kellie@petersonenergyoperating.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: Kellie Diffendaffer

Title: Accounting Agent Date: 6/18/2020 Email: kellie@petersonenergyoperatin

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 In Process: 2 Modified: 0 Deleted: 0

Total 2 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 04/2020				
1	045-16947-00	TPR 1	WMFK	PR
2	045-22155-00	TPR 112-16	WMFK	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

Att Doc Num **Name**

402425368	Imported Data
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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)