



**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>(970) 669-4077</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: 7/31/2021 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: 6 In Process: 6 Modified: 0 Deleted: 0

Total 6 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 06/2021				
1	045-16947-00	TPR 1	WMFK	PR
2	045-16947-00	TPR 1	MNCS	TA
3	045-16947-00	TPR 1	COZZ	TA
4	045-16947-00	TPR 1	CRCRN	TA
5	045-16947-00	TPR 1	NBRR	TA
6	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 List

**Att Doc Num**      **Name**

402766592	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)