



**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>Derek Krcil</u>
Address: <u>880 WOLVERINE CT</u>	Phone: <u>(720) 256-1385</u> Fax: <u>( )</u>
City: <u>CASTLE ROCK</u> State: <u>CO</u> Zip: <u>80108</u>	Email: <u>dkrcil@progressivepcs.net</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: Derek Krcil

Title: Production Analyst Date: 3/6/2017 Email: dkrcil@progressivepcs.net

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: 11/2016				
1	045-22155-00	TPR 112-16	N-COM1	WO
Report Month: 12/2016				
2	045-22155-00	TPR 112-16	N-COM2	WO

Total 2 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 11/2016				
1	045-22155-00	TPR 112-16	N-COM1	WO
Report Month: 12/2016				
2	045-22155-00	TPR 112-16	N-COM2	WO

Total 0 Deleted

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

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401225512	Form 07 SUBMITTED
401225515	Imported Data
401225848	ERROR REPORT

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)