



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 Smth</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 Smth

Title: Regulatory Manager Date: 3/15/2020 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: 10 In Process: 10 Modified: 0 Deleted: 0

Total 10 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2020				
1	123-41933-00	COX 1	CD-FH	PR
2	123-41935-00	COX 5	CODL	PR
3	123-42263-00	MEADER 4	CODL	PR
4	123-46644-00	SALT RANCH FEE 201-1015H	NBRR	PR
5	123-46501-00	SALT RANCH FEE 502-1034H	CODL	PR
6	123-46500-00	SALT RANCH FEE 506-1035H	CODL	PR
7	123-47411-00	TRUE RANCH FEE 202-2326H	NBRR	TA
8	123-47413-00	TRUE RANCH FEE 502-2326H	CODL	PR
9	123-33110-00	WAGNER 11-65 11-1H	NBRR	PR
10	123-33345-00	WAGNER 11-65 9-1H	NBRR	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

402343204

Imported Data

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)