



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFO**

OGCC Operator Number: <u>75000</u>	Contact Name and Telephone:
Name of Operator: <u>ARK TRUST, CAROL W BYRD TRUSTEE</u>	Name: <u>CAROL BYRD</u>
Address: <u>8163 E 131 RD</u>	Phone: <u>(405) 3792600</u> Fax: <u>(405) 3792602</u>
City: <u>WETUMKA</u> State: <u>OK</u> Zip: <u>74883-6227</u>	Email: <u>NOMAIL@GMAIL.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: CAROL BYRD  
 Title: TRUSTEE Date: 7/10/2015 Email: NOMAIL@GMAIL.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: 1 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2015				
1	121-07036-00	LYLE CHANDLER 1	DSND	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**

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Total Attach: 0 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>

Total: 0 comment(s)