



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10594</u>	Contact Name and Telephone:
Name of Operator: <u>L B EXPLORATION INC</u>	Name: <u>MICHAEL PETERMANN</u>
Address: <u>2135 2ND ROAD</u>	Phone: <u>(785) 2528034</u> Fax: <u>( )</u>
City: <u>HOLYROOD</u> State: <u>KS</u> Zip: <u>67450</u>	Email: <u>lbexploration@hbcomm.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: MICHAEL PETERMANN  
 Title: PRESIDENT Date: 3/14/2016 Email: lbexploration@hbcomm.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: 1 Approved: 0 Modified: 0 Deleted: 1

Total 0 Approved

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

Total 0 Modified

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

Total 1 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	099-06913-00	WOOTTEN 2-21-2246	MS-SL	TA

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401004945	Form 07 SUBMITTED
401004948	Monthly Report Of Operations
401011587	ERROR REPORT

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)