



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: 3/21/2016 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: 1 Modified: 1 Deleted: 0

Total 1 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	099-06913-00	WOOTTEN 2-21-2246	N-COM	TA

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2016				
1	099-06913-00	WOOTTEN 2-21-2246	N-COM	TA

Total 0 Deleted

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401012741	Form 07 SUBMITTED
401012746	Monthly Report Of Operations
401012784	ERROR REPORT
401012786	DELINQUENT REPORT

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)