



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) 252-8034</u> Fax: <u>(785) 252-3271</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: 4/18/2016 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: 02/2016				
1	099-06913-00	WOOTTEN 2-21-2246	N-COM	TA

Total 1 Modified

No	API #	Well Name	Formation Code	Well Status
Report Month: 02/2016				
1	099-06913-00	WOOTTEN 2-21-2246	N-COM	TA

Total 0 Deleted

No	API #	Well Name	Formation Code	Well Status
Report Month: /				
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Attachment Check List

Att Doc Num **Name**

401031518	Form 07 SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)