



**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: 5/23/2016 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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 03/2016				
1	099-06913-00	WOOTTEN 2-21-2246	MS-SL	TA

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)