



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

| | |
|---|---|
| OGCC Operator Number: <u>46220</u> | Contact Name and Telephone: |
| Name of Operator: <u>ALAN HOWARD KARCHMER LIVING TRUST</u> | Name: <u>Alan Karchmer</u> |
| Address: <u>8645 LINDEN DR</u> | Phone: <u>(702) 9603821</u> Fax: <u>()</u> |
| City: <u>PRAIRIE VILLAGE</u> State: <u>KS</u> Zip: <u>66207</u> | Email: <u>karchmeralan583@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: Alan Karchmer
 Title: Operator Date: 10/18/2016 Email: karchmeralan583@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: 10/2013 | | | | |
| 1 | 067-05234-00 | KROEGER 1 | DKTA | 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

401133036

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)