



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: 10/25/2016 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: 04/2016				
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

401136985

Form 07 SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)