



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10713</u>	Contact Name and Telephone:
Name of Operator: <u>DARRAH OIL COMPANY LLC</u>	Name: <u>Chris Millard</u>
Address: <u>125 N MARKET STE 1425</u>	Phone: <u>(316) 219-3390</u> Fax: <u>()</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67202</u>	Email: <u>chris.millard@darrahoil.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: Chris Millard

Title: accountant Date: 7/23/2019 Email: chris.millard@darrahoil.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: 10 Approved: 10 Modified: 0 Deleted: 0

Total 10 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 05/2019				
1	017-06301-00	PRICE #1	MSSP	PR
2	017-07529-00	PRICE #2	SHWNE	PR
3	017-06248-00	CHAMPLIN 205 #1	SP-OS	IJ
4	017-06396-00	CHAMPLIN 205 #2	SPGN	PR
5	017-06417-00	CHAMPLIN 205 #4	SPGN	PR
6	017-06424-00	CHAMPLIN LARSEN	SPGN	PR
7	017-06446-00	CHAMPLIN 205 #5	SPGN	PR
8	017-06294-00	LOWE	SPGN	PR
9	017-06469-00	LOWE ARNOLD #4	MRRW	PR
10	017-07553-00	LOWE ARNOLD #5	SPGN	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

<u>Att Doc Num</u>	<u>Name</u>
402119282	Form 07 SUBMITTED
402119283	Imported Data
402119284	Imported Data

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)