



**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: 9/15/2019 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 In Process: 1 Modified: 0 Deleted: 0

Total 1 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2019				
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**

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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>
		Stamp Upon Approval

Total: 0 comment(s)