



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>75000</u>	Contact Name and Telephone:
Name of Operator: <u>BYRD* CAROL W TRUSTEE OF CAROL W BYRD TRUST</u>	Name: <u>Carol Byrd</u>
Address: <u>8163 E 131 RD</u>	Phone: <u>(405) 379-2600</u> Fax: <u>(405) 379-2602</u>
City: <u>WETUMKA</u> State: <u>OK</u> Zip: <u>74883-6227</u>	Email: <u>cwbyrd@oilandgasroyalties.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: Carol W. Byrd

Title: Operator Date: 10/4/2020 Email: cwbyrd@oilandgasroyalties.co

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: 08/2020				
1	121-07036-00	LYLE CHANDLER 1	DSND	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

		Stamp Upon Approval
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Total: 0 comment(s)