



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

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

Title: TRUSTEE Date: 2/25/2016 Email: NOMAIL@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: 01/2016				
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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**

2211796	FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)