



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10117</u>	Contact Name and Telephone:
Name of Operator: <u>LORENTZ OIL & GAS LLC</u>	Name: <u>BRIAN LORENTZ</u>
Address: <u>2109 BERKELEY DRIVE</u>	Phone: <u>(405) 826-7444</u> Fax: <u>()</u>
City: <u>WICHITA</u> State: <u>TX</u> Zip: <u>76308</u>	Email: <u>LORENTZ@COXINET.NET</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: BRIAN LORENTZ

Title: AGENT Date: 10/30/2018 Email: LORENTZ@COXINET.NET

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: 5 Approved: 5 Modified: 0 Deleted: 0

Total 5 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 09/2018				
1	009-06551-00	COGBURN 1-1	TOPK	SI
2	009-06552-00	KONKEL 1-4	TOPK	PR
3	009-06553-00	LIPPOLDT 1-14	TOPK	PR
4	009-06554-00	LIPPOLDT 1-23	TOPK	SI
5	009-06555-00	HUME 1-29	TOPK	SI

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>
401829641	Form 07 SUBMITTED
401829644	Imported Data

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)