



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: 10402	Contact Name and Telephone:
Name of Operator: MATRIX OIL CORPORATION	Name: CINDY TRUE
Address: 104 W ANAPAMU STREET #C	Phone: (661) 2414120 Fax: ()
City: SANTA BARBARA State: CA Zip: 93101	Email: ctrue@matrixoil.com

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: CINDY TRUE

Title: PRODUCTION Date: 10/23/2015 Email: ctrue@matrixoil.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: 08/2015				
1	103-11920-00	SHERIDAN 11-2	NBRR	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

400924158

Monthly Report Of Operations

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)