

FORM  
07

Rev  
08/15

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

10/23/2015

Document Number:

400924160

OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

OGCC Operator Number: <u>10402</u>	Contact Name and Telephone:
Name of Operator: <u>MATRIX OIL CORPORATION</u>	Name: <u>CINDY TRUE</u>
Address: <u>104 W ANAPAMU STREET #C</u>	Phone: <u>(661) 2414120</u> Fax: <u>( )</u>
City: <u>SANTA BARBARA</u> State: <u>CA</u> Zip: <u>93101</u>	Email: <u>ctrue@matrixoil.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: 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: 09/2015				
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

400924162

Monthly Report Of Operations

Total Attach: 1 Files

## General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)