



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 Approved: 1 Modified: 0 Deleted: 0

Total 1 Approved

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

400924160	Form 07 SUBMITTED
400924162	Monthly Report Of Operations

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)