



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>10066</u>	Contact Name and Telephone:
Name of Operator: <u>MATRIX PRODUCTION COMPANY</u>	Name: <u>Pat Thompson</u>
Address: <u>5725 COMMONWEALTH BLVD</u>	Phone: <u>(281) 2651212</u> Fax: <u>(281) 2651778</u>
City: <u>SUGAR LAND</u> State: <u>TX</u> Zip: <u>77479</u>	Email: <u>pthompson@matrix-companies.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: Pat Thompson  
Title: Corporate Secretary Date: 2/11/2016 Email: pthompson@matrix-

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: 7 Approved: 7 Modified: 0 Deleted: 0

Total 7 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 12/2015				
1	081-06849-00	FEDERAL 19-1	ENRD	SI
2	081-06849-00	FEDERAL 19-1	NGSD	PR
3	103-09217-00	GOV'T TRINITY RESOURCE	DKTA	SI
4	103-09217-00	GOV'T TRINITY RESOURCE	WEBR	PR
5	103-09250-00	SEELY LAND LIVESTOCK	WEBR	PR
6	103-09258-00	SULLIVAN	WEBR	PR
7	103-09265-00	M C SULLIVAN SWD	WEBR	IJ

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**

400987619	Form 07 SUBMITTED
400987622	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)