



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>Cynthia Rainbolt</u> |
| Address: <u>104 W ANAPAMU STREET #C</u> | Phone: <u>(661) 241-4120 x 3</u> Fax: <u>(661) 246-4355</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: Randy Groves

Title: VP of Land Date: 3/1/2016 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: 01/2016 | | | | |
| 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**

| | |
|-----------|------------------------------|
| 400998610 | Monthly Report Of Operations |
|-----------|------------------------------|

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)