



**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 x3</u> Fax: <u>(661) 2464355</u>
City: <u>SANTA BARBARA</u> State: <u>CA</u> Zip: <u>93101</u>	Email: <u>ctre@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: 4/14/2016 Email: ctre@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: 02/2016				
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**

401028018

Monthly Report Of Operations

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)