

**FORM  
10**Rev  
10/12**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:

**07/27/2015**

Document Number:

**2209630****CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR**

This form is to be used for Certification of Clearance to transport product off lease. A Form 10 shall be filed for a well within 30 days of first production or a change of transporter/gatherer. A Form 10 shall be filed within 15 days of a change or transfer of ownership of a well, location, pit or facility. Documentation for ratification of sale or transfer of ownership must be attached for Change of Operator. **It is the Operator's responsibility to mail approved copies to the Transporter and/or Gatherer for each well listed.** This form is not used for well name or well status changes. For more information, visit [www.http://cogcc.state.co.us](http://cogcc.state.co.us)

OGCC Operator Number: 83130 Contact Person: STEVE STRACHAN  
Company Name: STRACHAN EXPLORATION, INC Phone: (303) 790-9115  
Address: 383 INVERNESS PKWY, STE 360 Fax: (303) 799-8794  
City: ENGLEWOOD State: CO Zip: 80112 Email: SMS@STRACHANEXPLORATION.COM

Operator Bond Status: ☒ Blanket Surety ID: 2009-0124 Individual Surety ID: see listing by individual well

☐ New Well Cert of Clearance ☒ Change of Operator ☐ Add/Change Transporter or Gatherer

Effective Date of Change Below 07/01/2015 Form is being submitted by: Buyer

**Non-Submitting Operator Information:**

OGCC Number of NON-Submitting 81480 Name of NON-Submitting THOMAS L SPRING LLC  
NON-submitting Operator is Seller Contact Name THOMAS SPRING Title: PRESIDENT/OWNER  
NON-submitting Operator Contact Email: KATHLEENSPRING3@GMAIL.COM

**Add/Change Transporter or Gatherer**

☒ Add ☐ Delete Product: ☐ Oil ☒ Gas

OGCC Transporter No: 83130 Suffix: \_\_\_\_\_  
Trans./Gatherer Name: STRACHAN EXPLORATION, INC  
Address: 383 INVERNESS PKWY, STE 360 City: ENGLEWOOD State: CO Zip: 80112  
Phone: ( ) Email Contact: \_\_\_\_\_

Remark: \_\_\_\_\_

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete. The transporter(s)/gatherer(s) is (are) authorized to transport the oil and/or gas produced from the listed well(s) and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

**SUBMITTED BY:**

Signed: \_\_\_\_\_ Print Name: STRACHAN,STEVE  
Title: PRESIDENT Email: SMS@STRACHANEXPLORATION.COM Date: 07/14/2015

**CHANGE OF OPERATOR:**

Name of Buying Operator: STRACHAN EXPLORATION, INC Name of Selling Operator: THOMAS L SPRING LLC  
Signature: \_\_\_\_\_ Date: 07/01/2015 Signature: \_\_\_\_\_ Date: 07/01/2015  
Print Name: STRACHAN,STEVE Title: PRESIDENT Print Name: THOMAS SPRING Title: PRESIDENT/OWNER

**COGCC Approved:** Matthew Lee **Title:** Director of COGCC **Date:** 10/07/2015

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## CHANGE OF TRANSPORTER/GATHERER and/or CHANGE OF OPERATOR

OGCC Operator Number: 83130Name of Operator: STRACHAN EXPLORATION, INC

FOR OGCC USE ONLY

CENTRALIZED EP WASTE MGMT FAC: 0	GAS STORAGE FACILITY: 0	SERVICE SITE: 0	UIC SIMULTANEOUS DISPOSAL: 0
GAS COMPRESSOR: 0	LOCATION: 0	TANK BATTERY: 0	UIC WATER TRANSFER STATION: 0
GAS GATHERING SYSTEM: 0	PIPELINE: 0	UIC DISPOSAL: 0	WATER GATHERING SYSTEM LINE: 0
GAS PROCESSING PLANT: 0	PIT: 0	UIC ENHANCED RECOVERY: 0	WELL: 2

Total Approved: 2 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	099-06886	280080	314217	STATE	2-14	SENW/14/21S/47		83130
2	WELL	099-06879	273473	314214	STATE	1-14	SESE/14/21S/47W		83130

Total Deleted: 0 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			

Total Pending: 0 Total out of Total Total Submitted: 2 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			