



## OPERATOR'S MONTHLY REPORT OF OPERATIONS

## OPERATOR INFORMATION

OGCC Operator Number: 83130	Contact Name and Telephone:
Name of Operator: STRACHAN EXPLORATION INC	Name: Stacy Bear
Address: 383 INVERNESS PKWY, STE 360	Phone: (303) 790-9115 Fax: (303) 799-8794
City: ENGLEWOOD State: CO Zip: 80112	Email: stacy@strachanexploration.com

## 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: Stacy L. Bear

Title: Accounting Manager Date: 7/2/2017 Email: stacy@strachanexploration.co

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: 24 In Process: 24 Modified: 0 Deleted: 0

Total 24 In Process

No	API #	Well Name	Formation Code	Well Status
Report Month: 01/2017				
1	099-06879-00	STATE 1-14	MRRW	PR
2	061-06296-00	FRAZEE 1-6	MRRW	SI
3	061-06394-00	STAVELY 1-26	MRRW	PR
4	061-06202-00	FRAZEE-BOLYARD 1-35	MRRW	PR
5	061-06774-00	ERRAMUSPE STATE 2-34	MRRW	PR
6	061-05006-00	WOOLFOLK-STATE A 1	MRRW	SI
7	061-06772-00	WOOLFOLK STATE 2-32	MRRW	PR
8	061-05008-00	MORSE A 1	MRRW	PR
9	061-05031-00	STATE-PYLES 1	MRRW	PR
10	061-06793-00	FRAZEE B-14-2	MRRW	PR
11	061-06403-00	WEINMAN 1-27	MRRW	PR
12	061-06365-00	FRAZEE 2-6	MRRW	PR
13	061-06368-00	LAS ANIMAS 1-1	MRRRW	PR
14	011-06126-00	HOFFMAN, EARL 1	MRRW	SI
15	099-06289-00	LINDA 2	MRRW	SI
16	099-06191-00	STATE 4-8	MRRW	SI

17	099-06131-00	STATE 3-8	MRRW	SI
18	099-06872-00	SPARTAN 1	MRRW	SI
19	099-06165-00	HOFFMAN G 1-4	MRRW	SI
20	099-06353-00	HOFFMAN 2-31	MRRW	SI
21	099-06876-00	4-3 BAILEY 1-18	MRRW	SI
22	099-06352-00	HOFFMAN 1-28	MRRW	SI
23	099-06349-00	DANIELS 1-27	MRRW	SI
24	099-06073-00	BAILEY 1-26	MRRW	SI

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**

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Total Attach: 0 Files

## General Comments

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)