

FORM
10Rev
10/12State 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:

11/27/2017

Document Number:

2228643

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: STEPHEN 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: 2017-0088 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 11/21/2017 Form is being submitted by: Buyer

Non-Submitting Operator Information:

OGCC Number of NON-Submitting 35600 Name of NON-Submitting GREAT WESTERN DRILLING COMPANY
NON-submitting Operator is Seller Contact Name BRUCE M BRADY Title: PRESIDENT
NON-submitting Operator Contact Email: JSCOBAY@GWDC.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,STEPHEN
Title: PRESIDENT Email: SMS@STRACHANEXPLORATION.COM Date: 11/21/2017

CHANGE OF OPERATOR:

Name of Buying Operator: STRACHAN EXPLORATION INC Name of Selling Operator: GREAT WESTERN DRILLING COMPANY
Signature: _____ Date: 11/21/2017 Signature: _____ Date: 11/21/2017
Print Name: STRACHAN,STEPHEN Title: PRESIDENT Print Name: BRUCE M BRADY Title: PRESIDENT

COGCC Approved: Matthew Lee Title: Director of COGCC Date: 02/28/2018

State of Colorado

Oil and Gas Conservation Commission

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2228643**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: 1 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: 1 UIC ENHANCED RECOVERY: 0 WELL: 1

Total Approved: 3 Total out of Total Total Submitted: 3 are listed below:

#	TYPE	API	FAC ID	Loc#	Facility		Location (QQ/S/T/R)	Surety ID	Transporter / Gatherer
					Name	Number			
1	WELL	011-06032	206286	321213	BOURNE	1	SENW/30/22S/48		83130
2	LOCATION	011-	321213	321213	BOURNE-622S48W	30SENW	SENW/30/22S/48		
3	PIT		114786	321213	BOURNE 1				

Total Deleted: 0 Total out of Total Total Submitted: 3 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: 3 are listed below:

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