

**OUT OF SERVICE DESIGNATION**

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

OPERATOR & CONTACT INFORMATION

ECMC Operator Number: 83130	Contact Name and Telephone:
Name of Operator: STRACHAN EXPLORATION INC	Name: Shawn Reed
Address: 992 S 4TH AVE SUITE 100-461	Phone: (303) 562-6530
City: BRIGHTON State: CO Zip: 80601	Email: shawn@strachanexploration.com

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months: 1

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

Cashflow from our 66 and growing wells is adequate to handle the plugging of the additional 2 wells.

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility 0	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community 0
Within 2000' of a Child Care Center 0	
Within 2000' of a High Occupancy Building Unit 0	Within High Priority Habitat 1
TOTAL NUMBER OF WELLS 2	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List 0
Valid 2 Invalid 0	

Form Submit Date: 12/18/2024

Plugging Due Date For Wells: 12/18/2028

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
1		099-06131	STATE 3-8	04/30/2024	No	No	No	No	Yes	No
2		075-09267	BANEY-STATE 16-5	04/24/2021	No	No	No	No	No	No

OPERATOR COMMENT AND SUBMITTAL

I hereby certify all statements made on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

Designate State 3-8 and Baney State 16-5 into the OOS list

Print Name: Shawn Reed	Email: shawn@strachanexploration.com
Title: Consultant	Date: 12/18/2024

ATTACHMENT LIST

Att Doc Num

Name

404033378

EDD-DESIGNATION

Total Attach: 1 Files