



**OPERATOR'S MONTHLY REPORT OF OPERATIONS**

**OPERATOR INFORMATION**

OGCC Operator Number: <u>83130</u>	Contact Name and Telephone:
Name of Operator: <u>STRACHAN EXPLORATION, INC</u>	Name: <u>STACY BEAR</u>
Address: <u>383 INVERNESS PKWY, STE 360</u>	Phone: <u>(303) 790-9115</u> Fax: <u>(303) 799-8794</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u>	Email: <u>STACY@STRATCHANEXPLORATION.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: STACY BEAR  
 Title: ACCT. MANAGER Date: 9/24/2015 Email: STACY@STRATCHANEXPLO

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: 2 Approved: 2 Modified: 0 Deleted: 0

Total 2 Approved

No	API #	Well Name	Formation Code	Well Status
Report Month: 07/2015				
1	099-06879-00	STATE 1-14	MRRW	PR
2	099-06886-00	STATE 2-14	MRRW	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**

2209617

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

Total: 0 comment(s)