



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) 7909115</u> Fax: <u>(303) 7998794</u> |
| City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80112</u> | Email: <u>NOMAIL@GMAIL.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: ACCOUNTING MANAGER Date: 5/24/2016 Email: NOMAIL@GMAIL.COM

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: 02/2016 | | | | |
| 1 | 099-06886-00 | STATE 2-14 | MRRW | PR |
| 2 | 099-06879-00 | STATE 1-14 | 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

2212489

FORM 7 MONTHLY REPORT OF OPERATIONS SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)