

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403716893

Date Received:

03/12/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 83130

Name of Operator: STRACHAN EXPLORATION INC

Address: 992 S 4TH AVE SUITE 100-461

City: BRIGHTON State: CO Zip: 80601

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Reed Shawn

3035626530

shawn@strachanexploration.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 713600146

Inspection Date: 08/24/2023

FIR Submit Date: 08/31/2023

FIR Status: _____

Inspected Operator Information:

Company Name: STRACHAN EXPLORATION INC

Company Number: 83130

Address: 383 INVERNESS PKWY, STE 360

City: ENGLEWOOD State: CO Zip: 80112

LOCATION - Location ID: 324823

Location Name: FRAZEE-619S50W Number: 6SENV County: KIOWA

Qtrqtr: SENW Sec: 6 Twp: 19S Range: 50W Meridian: 6

Latitude: 38.435220 Longitude: -103.056530

FACILITY - API Number: 05-061-

-00

Facility ID: 212935

Facility Name: FRAZEE

Number: 1-6

Qtrqtr: SENW Sec: 6 Twp: 19S Range: 50W Meridian: 6

Latitude: 38.435220 Longitude: -103.056530

CORRECTIVE ACTIONS:

1 CA# 179817

Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o.

Date: 06/29/2023

Response: CA COMPLETED

Date of Completion: 03/04/2024

Operator
Comment:

Berm expanded and repaired

COGCC Decision: _____

COGCC Representative:			
2	CA# 179818		
Corrective Action:		Comply with the fencing requirements per the 1002a rules	Date: 06/29/2023
Response:		CA COMPLETED	Date of Completion: 03/04/2024
Operator Comment:		Fence repaired	
COGCC Decision: 			
COGCC Representative:			

OPERATOR COMMENT AND SUBMITTAL	
Comment:	Berm expanded and repaired, Fence repaired
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: Shawn Reed Signed: </p> <p>Title: Consultant Date: 3/12/2024 4:10:51 PM</p>	

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files