

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:

403823489

Date Received:

06/12/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC 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 |
|---------------------------|-------|--------------------------------------|
| <u>Reed, Shawn</u> | | <u>shawn@strachanexploration.com</u> |
| <u>Welsh, Brian</u> | | <u>brian.welsh@state.co.us</u> |
| <u>Schlagenhauf, Mark</u> | | <u>mark.schlagenhauf@state.co.us</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 701104014

Inspection Date: 05/31/2024

FIR Submit Date: 06/10/2024

FIR Status: _____

Inspected Operator Information:

Company Name: STRACHAN EXPLORATION INC

Company Number: 83130

Address: 992 S 4TH AVE SUITE 100-461

City: BRIGHTON State: CO Zip: 80601

LOCATION - Location ID: 314178

Location Name: BAILEY-625S45W Number: 26W2SW County: _____

Qtrqtr: W2S Sec: 26 Twp: 25S Range: 45W Meridian: 6

W

Latitude: 37.841751 Longitude: -102.444940

FACILITY - API Number: 05-099- -00 Facility ID: 314178

Facility Name: BAILEY-625S45W Number: 26W2SW

Qtrqtr: W2S Sec: 26 Twp: 25S Range: 45W Meridian: 6

W

Latitude: 37.841751 Longitude: -102.444940

CORRECTIVE ACTIONS:

1 ☒ CA# 195763

Corrective Action: OOSLAT unused lines immediately until lines are removed.
Remove unused flowlines.
Comply with Rule 606

Date: 07/31/2024

Response: CA COMPLETED

Date of Completion: 06/10/2024

| | |
|----------------------|----------------------------------|
| Operator Comment: | ALL open lines have been capped. |
| ECMC Decision: | Approved |
| ECMC Representative: | |

| | |
|---|---|
| <u>OPERATOR COMMENT AND SUBMITTAL</u> | |
| Comment: | All open lines on the location have been successfully capped. |
| I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. | |
| Print Name: | Shawn Reed |
| Signed: | |
| Title: | Petroleum Consultant |
| Date: | 6/12/2024 9:22:21 PM |

ATTACHMENT LIST

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

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------------|
| 403823489 | FIR RESOLUTION SUBMITTED |

Total Attach: 1 Files