

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.ii.

Rule 218.d.(1).D.iii.

"For Transferable Items not listed in Rule 218.d.(1).B.i-iii but Related in the Commission's records, an acknowledgment that the Commission will presume that the Transferable Item was transferred, and that the Buying Operator is responsible for compliance with the Act, the Commission's Rules, and all terms and conditions of existing Permits and Commission orders for the Transferable Items."

In checking this box the Buying Operator's acknowledges the subsequent liability pursuant to Rule 218.d.(1).D.iii.

SUBMITTAL

OPERATOR COMMENT AND SUBMITTAL

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

Print Name: Jason Harms Email: jason@strachanexploration.com

Title: President Date: 04/21/2025

ECMC Approved: 

Title: Director of ECMC

Date: 9/2/2025

Wells & Facilities Transferred Summary

1	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07677	299494	321982	STOUT #1-34	NESW	34	15S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	59925	MONUMENT GAS MARKETING INC					
2	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321982	321982	STOUT-615S46W #34NESW	NESW	34	15S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE		59925	MONUMENT GAS MARKETING INC					
3	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321959	321959	GLADYS COTRELL TRUST-616S46W #2NESW	NESW	2	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE		59925	MONUMENT GAS MARKETING INC					
4	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07641	285920	321959	GLADYS COTRELL TRUST #2	NESW	2	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	59925	MONUMENT GAS MARKETING INC					
5	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321946	321946	SCHEIMER-616S46W #24SENE	SENE	24	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE		59925	MONUMENT GAS MARKETING INC					
6	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07618	260459	321946	SCHEIMER #1-24	SENE	24	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	59925	MONUMENT GAS MARKETING INC					
7	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	LOCATION	-	321950	321950	SCHEIMER-616S46W #26NESW	NESW	26	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE		59925	MONUMENT GAS MARKETING INC					
8	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07623	270223	321950	SCHEIMER #3-26	NESW	26	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	59925	MONUMENT GAS MARKETING INC					
9	Facility Type	API	Facility ID	Location ID	Facility Name	QtrQtr	Sec	Twp	Rng
	WELL	017-07624	274906	321951	NORTH NAVAJO #5-34	SWSE	34	16S	46W

	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE	FEE	59925	MONUMENT GAS MARKETING INC					
10	<u>Facility Type</u>	<u>API</u>	<u>Facility ID</u>	<u>Location ID</u>	<u>Facility Name</u>	<u>QtrQtr</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>
	LOCATION	-	321951	321951	NORTH NAVAJO-616S46W #34SWSE	SWSE	34	16S	46W
	<u>County</u>	<u>Min.Owner. Type</u>	<u>Current Operator Num</u>	<u>Current Operator Name</u>					
	CHEYENNE		59925	MONUMENT GAS MARKETING INC					

Incidents Transferred Summary

< No row provided >

Related Wells & Facilities Not Transferred Summary

< No row provided >

Related Incidents Not Transferred Summary

< No row provided >

Wells & Facilities Proposed Not Transferred Summary

< No row provided >

Incidents Proposed Not Transferred Summary

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ATTACHMENT LIST

Att Doc Num	Name
404173308	Form 09 SUBMITTED
404173309	EDD-S-WELLS-FACILITIES-TRANSFERRED
404173310	EDD-S-WELLS-FACILITIES-TRANSFERRED
404173311	EDD-S-WELLS-FACILITIES-TRANSFERRED
404173315	FORM 9 SUBSEQUENT ATTESTATION
404173316	BUYER NOTIFIED LOCAL GOVT ATTESTATION

Total Attach: 6 Files

COA Type	Description
	Buying Operator must file a Form 10 within 30 calendar days of the date of this approval.
	The BUYING Operator must file an updated Form 3, Financial Assurance Plan, within 7 calendar days of Form 9 approval.
	Strachan Exploration Inc. ("Strachan") will comply with Rule 218.b.(5).A.iii.aa requiring replacement of Selling Operator, Monument Gas Marketing Inc's ("Monument"), existing Single Well Financial Assurance in the amount of \$105,500. The replacement Financial Assurance contribution total will be in addition to the Form 3A – Financial Assurance total Adjusted Financial Assurance Amount, and will be due and made part of the Form 3A – Financial Assurance submission. The Form 3A submission and total Adjusted Financial Assurance Amount is due as soon as practicable but no later than within 90 days of the Form 3 – Financial Assurance Plan approval date. This will result in Strachan entering and allocating new and existing instruments within the Form 3A – Financial Assurance to fully fund both the total Financial Assurance Plan Amount as reflected for Strachan's contribution year and the Monument replacement Financial Assurance contribution amount.
3 COAs	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Buying and Selling Operators are to work collectively to ensure all Production is properly reported	09/02/2025
Total: 1 comment(s)		