



Form 7 - Monthly Report of Operation

Summary Information Overview

Form Name: **Form 7 - Monthly Report of Operation**
Document Number: **404553465**
Date Submitted: **2/21/2026**

Operator Information

Operator Number: 83130
Operator Name: STRACHAN EXPLORATION INC
Operator Address: 992 S 4TH AVE SUITE 100-461 ATTN: JASON HARMS
Operator City: BRIGHTON
Operator State: CO
Operator Zip: 80601
First Name: JASON
Last Name: HARMS
Contact Phone: (303) 790-9115
Contact Email: jason@strachanexploration.com

SUBMITTED

Monthly Report of Operation

Well Status & Production Provided:
Produced Water Provided:
Deep Geothermal Provided:

Signature and Certification

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

Operator Comments: Updated December with a few edits.

Name: JASON HARMS

Title: PRESIDENT

Email: jason@strachanexploration.com

Phone: (303) 790-9115

Signature:

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be the initials 'JM'.

Associated Documents

404553466 - FORM 7 IMPORTED WELL STATUS PRODUCTION

404553467 - FORM 7 IMPORTED PRODUCED WATER

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Jared S. Polis, Governor | Julie Murphy, Director | Scott Cuthbertson, Deputy Director Operations

