

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 1635139

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 53255
2. Name of Operator: MARALEX RESOURCES, INC
3. Address: P O BOX 338
City: IGNACIO State: CO Zip: 81137
4. Contact Name: CHRISTI REID
Phone: (970) 563-4000
Fax: (970) 563-4116

5. API Number 05-067-09623-00
6. County: LA PLATA
7. Well Name: ARTFGANCE 33-7-14
Well Number: 3C
8. Location: QtrQtr: NWSW Section: 14 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 03/09/2010 Date of First Production this formation:
Perforations Top: 3419 Bottom: 3558 No. Holes: 556 Hole size: 4/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

PERFS 3504-3558 - 21 bbl 15% hcl acid w/66 ball sealers. Displace w/98 bbl water. 303 bbl gel, 122 bbl .5# sand. 162 bbl 1# sand, 140 bbl 2# sand, 164 bbl 3# sand, 130 bbl 4# sand, 109 bbl 5# sand followed by 81 bbl water. load to recover = 3646 bbl. PERFS - 3419-3434 21 BBL HCL ACID W/66 BAL SEALERS. DISPLACE W/98 BBLS WATER, 303 BBL GEL, 122 BBL .5# SND, 162 BBL 1# SND, 140 BBL 2# SND, 164 BBL 3# SND, 130 BBL 4# SND, 109BBL 5# SND, FLUCH W/79 BBL WTR, LOAD TO RECOVER 1132BBL. PERFS 3349-33578 - 11 BBL 15% HCL ACID W/36 BALL SEALERS. DISPLACE W/88 BBL WTR, 216 BBL GEL, 96 BBL .5# SND, 100 BBL 1# SND, 65 BBL 2# SND, 133 BBL 3# SND, 70 BBL 4# SND, 126BBL 5# SND, FLUSH W/75.4 BBL WTR. LOAD TO RECOVER 933 BBL.

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 04/10/2010 Hours: 6 Bbls oil: 0 Mcf Gas: 33 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 132 Bbls H2O: 0 GOR: 0
Test Method: PUMPING Casing PSI: 800 Tubing PSI: 0 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 995 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3626 Tbg setting date: 03/25/2010 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

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

Signed: Print Name: DORIS K. NEY

Title: PRODUCTION TECH

Date: 4/6/2011

Email DNEY@MARALEXINC.COM

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### Attachment Check List

Att Doc Num	Name
1635139	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)