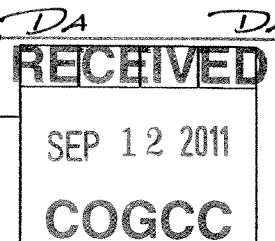




02055270

Page 1
FORM
4
Rev 12/05State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 53255	4. Contact Name: A. M. O'Hare	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Maralex Resources, Inc.	Phone: 970-563-4000	
3. Address: P.O. Box 338 City: Ignacio State: CO Zip: 81137	Fax: 970-563-4116	
5. API Number 05-045-06213	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Federal	7. Well/Facility Number 26 #3	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW Sec 26, T7S, R91W 6th PM		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: Divide Creek	Technical Info Page
11. Federal, Indian or State Lease Number: COC127191		Other

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: ☐ FNL/FSL ☐ FEL/FWL

Change of Surface Footage to Exterior Section Lines: ☐ ☐ ☐ ☐

Change of Bottomhole Footage from Exterior Section Lines: ☐ ☐ ☐ ☐

Change of Bottomhole Footage to Exterior Section Lines: ☐ ☐ ☐ ☐ attach directional survey

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No ☐

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

☐ CHANGE SPACING UNIT

Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

☐ Remove from surface bond
Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):

Effective Date: _____

Plugging Bond: ☐ Blanket ☐ Individual

☐ CHANGE WELL NAME

From: _____ NUMBER _____

To: _____

Effective Date: _____

☐ ABANDONED LOCATION:

Was location ever built? ☐ Yes ☐ No

Is site ready for inspection? ☐ Yes ☐ No

Date Ready for Inspection: _____

☐ NOTICE OF CONTINUED SHUT IN STATUS

Date well shut in or temporarily abandoned: _____

Has Production Equipment been removed from site? ☐ Yes ☐ No

MIT required if shut in longer than two years. Date of last MIT: _____

☐ SPUD DATE: _____

☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

*submit cbl and cement job summaries

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Final reclamation will commence on approximately _____ ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☒ Notice of Intent

Approximate Start Date: 9/12/2011

☐ Report of Work Done

Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

☐ Intent to Recomplete (submit form 2)

☒ Request to Vent or Flare

☐ E&P Waste Disposal

☐ Change Drilling Plans

☐ Repair Well

☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Changed?

☐ Rule 502 variance requested

☐ Status Update/Change of Remediation Plans

☐ Casing/Cementing Program Change

☐ Other: _____ for Spills and Releases

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

Signed: Doris Ney Date: 9/12/2011 Email: dney@maralexinc.com

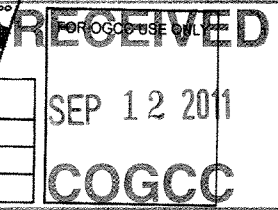
Print Name: Doris Ney Title: Production Technologist

COGCC Approved: David And Title: PE II Date: 10/7/2011

CONDITIONS OF APPROVAL, IF ANY:

Continuous or intermittent venting is approved for a period not to exceed 30 days following this approval (until 11/6/2011), as necessary to keep the bradenhead annulus blown down, such that the bradenhead pressure does not exceed 77 psi. Any liquids that are produced while blowing down the bradenhead must be contained, stored, and treated/disposed as E&P waste, per COGCC's 900-series rules. The threshold pressure of 77 psi is based on a maximum allowable total pressure gradient of 0.6 psi/ft at the surface casing shoe: (77 psi/450 ft) + 0.43 psi/ft = 0.60 psi/ft.

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 53255 API Number: 05-045-06213
2. Name of Operator: Maralex Resources, Inc. OGCC Facility ID #
3. Well/Facility Name: Federal Well/Facility Number: 26 #3
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Sec 26, T7S, R91W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Maralex requests permission to open the bradenhead to allow water to flow to a tank on location and to allow minimal gas to vent. Per the sundry submitted on 9/1/2011, a test performed on this well indicated 0 bbl water was produced with 45 mcf/d after three hours. Flowing any water to a tank will keep the pressure off of the casing to prevent migration of water to other water sources and maintain integrity of production casing. A Form 27 is begin filed to address remediation of this well.