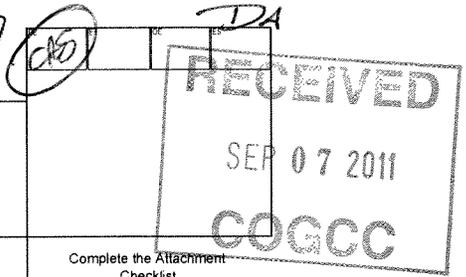




State of Colorado  
Oil and Gas Conservation Commission

20 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: <u>53255</u>	4. Contact Name: <u>A. M. O'Hare</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Maralex Resources, Inc.</u>	Phone: <u>970-563-4000</u>	
3. Address: <u>P.O. Box 338</u> City: <u>Ignacio</u> State: <u>CO</u> Zip: <u>81137</u>	Fax: <u>970-563-4116</u>	
5. API Number: <u>05-045-06290</u>	OGCC Facility ID Number: _____	Survey Plat
6. Well/Facility Name: <u>Rifle Walton</u>	7. Well/Facility Number: <u>25 #2</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SENW Sec. 25, T7S, R91W, 6th PM</u>		Surface Eqmpt Diagram
9. County: <u>Garfield</u>	10. Field Name: <u>Divide Creek</u>	Technical Info Page
11. Federal, Indian or State Lease Number: <u>COC47630B</u>		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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 NUMBER  
 From: \_\_\_\_\_  
 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 \*submit cbl and cement job summaries  
 Method used \_\_\_\_\_ Cementing tool setting/perf depth \_\_\_\_\_ Cement volume \_\_\_\_\_ Cement top \_\_\_\_\_ Cement bottom \_\_\_\_\_ Date \_\_\_\_\_

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: 9/1/2011  Report of Work Done Date Work Completed: \_\_\_\_\_

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

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input checked="" type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Pressure test</u>	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.

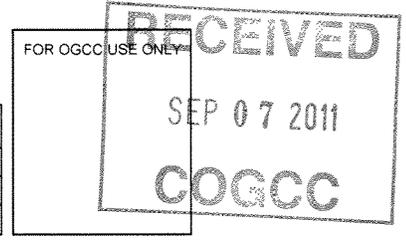
Signed: Doris Ney Date: 9/1/2011 Email: dneym@maralexinc.com  
Print Name: Doris Ney Title: Production Technologist

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

CONDITIONS OF APPROVAL, IF ANY:

Continuous or intermittent venting is approved, as necessary to keep the bradenhead annulus blown down, such that the bradenhead pressure does not exceed 53 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 53 psi is based on a maximum allowable total pressure gradient of 0.6 psi/ft at the surface casing shoe: (53 psi/309 ft) + 0.43 psi/ft = 0.60 psi/ft.

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 53255	API Number: 05-045-06290
2. Name of Operator: Maralex Resources, Inc.	OGCC Facility ID #
3. Well/Facility Name: Rifle Walton	Well/Facility Number: 25 #2
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW Sec. 25, 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**

Test date 9/1/2011. Initial pressure: tubing 1820 psi; 4 1/2" production casing 1820 psi; 9 5/8 surface casing 335 psi  
Open surface casing for flow at 10:00 a.m.  
Well died after 50 minutes of flow, surface casing pressure 110 psi after 1 hour  
Produced 4 bbl water, no gas