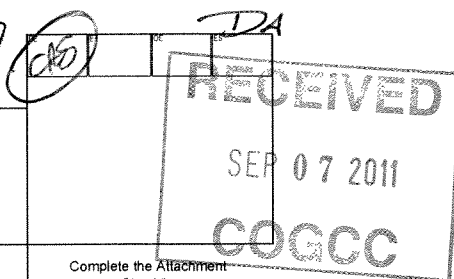




State of Colorado

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

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)	
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/> FNL/SL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Sec, Twp, Rng, Mer	
Latitude	Distance to nearest property line
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>
	Distance to nearest well same formation
	Surface owner consultation date:
GPS DATA:	
Date of Measurement	PDOP Reading
	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	
Formation	Formation Code
Spacing order number	Unit Acreage
	Unit configuration
<input type="checkbox"/> Remove from surface bond	
Signed surface use agreement attached	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	
Effective Date:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input type="checkbox"/> CHANGE WELL NAME	
From:	NUMBER
To:	
Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:	
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Ready for inspection:	
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Date well shut in or temporarily abandoned:	
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MIT required if shut in longer than two years. Date of last MIT	
<input type="checkbox"/> SPUD DATE:	
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> 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
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately	
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent		<input type="checkbox"/> Report of Work Done
Approximate Start Date: 9/1/2011		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: Pressure test	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 A. H. II Title: PE II Date: 10/7/2011

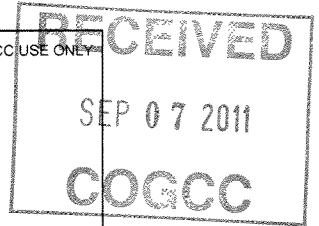
CONDITIONS OF APPROVAL, IF ANY:

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



FOR OGCC USE ONLY



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