

FORM
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Rev
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OGCC RECEPTION
Receive Date:
08/20/2013
Document Number:
400469834

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>53255</u>	Contact Person: <u>Naomi Azulai</u>
Company Name: <u>MARALEX RESOURCES, INC</u>	Phone: <u>(970) 563-4000</u>
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City: <u>IGNACIO</u> State: <u>CO</u> Zip: <u>81137</u>	Email: <u>naomi@maralexinc.com</u>
API #: <u>05 - 077 - 08334 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>PAVLAKIS 1-5 RR</u>	
Sec: <u>5</u> Twp: <u>9S</u> Range: <u>100W</u> QtrQtr: <u>NWSE</u>	Lat: <u>39.301717</u> Long: <u>-108.573569</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 08/30/2013 Time: 10:00 (HH:MM) Underground Injection Control(UIC) Well? No

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Naomi Azulai Email: naomi@maralexinc.com

Signature: Naomi Title: Production Technician Date: 08/20/2013