

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**10/04/2013**  
Document Number:  
**400490388**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 53255 Contact Person: Naomi Azulai  
Company Name: MARALEX RESOURCES, INC Phone: (970) 563-4000  
Address: P O BOX 338 Fax: (970) 563-4116  
City: IGNACIO State: CO Zip: 81137 Email: naomi@maralexinc.com  
API #: 05 - 077 - 08709 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SULFUR GULCH 9-98-2 1  
Sec: 2 Twp: 9S Range: 98W QtrQtr: SWSW Lat: 39.297658 Long: -108.304305

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 10/14/2013 Time: 12:00 (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: 10/04/2013