

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

10/24/2013

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 53255  
2. Name of Operator: MARALEX RESOURCES, INC  
3. Address: P O BOX 338  
City: IGNACIO State: CO Zip: 81137  
4. Contact Name: Naomi Azulai  
Phone: (970) 563-4000  
Fax: (970) 563-4116  
Email: naomi@maralexinc.com

5. API Number 05-077-08692-00  
6. County: MESA  
7. Well Name: SULFUR GULCH 9-98-28  
Well Number: 1  
8. Location: QtrQtr: SWNW Section: 28 Township: 9S Range: 98W Meridian: 6  
9. Field Name: CAMEO Field Code: 9700

Completed Interval

FORMATION: CAMEO COAL Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 2009 Bottom: 2096 No. Holes: 104 Hole size: 2/5  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 1936 Tbg setting date: 10/10/2012 Packer Depth:  
Reason for Non-Production: Pipeline connection is currently unfeasible due to low gas prices.  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

Operator requests these comments be included: "A 2" ball valve was installed in the top of the tubing. The 5 1/2" production casing head has 2" ball valves on the outlets. All valves are shut. Surface equipment has been removed." dhs 10/24/2013.

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

Signed: \_\_\_\_\_ Print Name: Naomi Azulai

Title: Production Technician Date: 10/24/2013 Email naomi@maralexinc.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	PassesPermitting: Requested well bore diagram. Diagram received and posted.	2/14/2014 8:11:50 AM

Total: 1 comment(s)