

**FORM  
INSP**Rev  
X/15

# State of Colorado

## Oil and Gas Conservation Commission

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



Inspection Date:

10/11/2016

Submitted Date:

10/12/2016

Document Number:

675203394**FIELD INSPECTION FORM**

Loc ID 312604 Inspector Name: CONKLIN, CURTIS On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 53255Name of Operator: MARALEX RESOURCES, INCAddress: P O BOX 338City: IGNACIO State: CO Zip: 81137**Status Summary:**

- ☒ THIS IS A FOLLOW UP INSPECTION  
☒ FOLLOW UP INSPECTION REQUIRED  
☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Tahmahkera, Kerry	(970) 563-4000	maralextech@gmail.com	<a href="#">All Inspections</a>
O'Hare, Mickey	(970) 563-4000/ (719) 429-3529	amohare@maralexinc.com	<a href="#">All Inspections</a>
Ellsworth, Stuart		Stuart.ellsworth@state.co.us	<a href="#">Engineering Supervisor</a>
Giboo, David	(970) 319-2211	dgiboo@blm.com	<a href="#">Lead Petroleum Engineering Tech</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222003	WELL	SI	10/01/1995	GW	077-08605	SOUTH SHALE RIDGE 16-16	SI

**General Comment:**

[Follow up to inspection Doc#675202728. Correspondence for extension of the expiration of the NOI to plug on file Doc#2597221](#)

**Location**Overall Good: ☐**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

**Good Housekeeping:**

Type	STORAGE OF SUPL		
Comment:	Poly pipe has been removed. CA has been met.		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	222003	Type:	WELL	API Number:	077-08605	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Well last produced April 2010. No MIT on file."/>									
Corrective Action: <input type="text"/> Date: _____									