

**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:

09/26/2017

Submitted Date:

09/27/2017

Document Number:

689400343**FIELD INSPECTION FORM**
 Loc ID 312612 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
Engineering		dnr_cogccengineering@state.co.us	All Engineering
Hartman, Robert	(970) 244-3041	bhartman@blm.gov	Petroleum Engineer
O'Hare, Mickey	(970) 563-4000/ (719) 429-3529	amohare@maralexinc.com	All Inspections
Reed, Jordan	(970) 563-4000	maralextechjr@gmail.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
222020	WELL	PR	07/31/1998	GW	077-08622	SOUTH SHALE RIDGE 10-15	PA

General Comment:

This well is included in the Administrative Order of Consent No. 1V-609. Form 42 was received Doc#401403304. Form 6 Doc#401385458 is on file.

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type

STORAGE OF SUPL

Comment:

Production equipment has been disconnected and moved to side of location.

Corrective Action:

Date:

Overall Good: ☐**Spills:**

Type

Area

Volume

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Gas Meter Run

0

Comment:

Corrective Action:

Date:

Type: Vertical Separator

0

Comment:

Corrective Action:

Date:

Venting:

Yes/No

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected FacilitiesFacility ID: 222020 Type: WELL API Number: 077-08622 Status: PR Insp. Status: PA**Cement**Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment:

Plugging of well has been completed. BLM inspectors on site for operations. Well head had not been cut off and buried at time of inspection.

Corrective Action: _____

Date: _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
689400344	South Shale Ridge 10-15	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260618