

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

402610124

Date Received:

02/25/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 53255

Name of Operator: MARALEX RESOURCES INC

Address: P O BOX 338

City: IGNACIO State: CO Zip: 81137

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Jordan, Reid

maralextechjr@gmail.com

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alex.fischer@state.co.us

O'Hare, Mickey

(970) 563-4000/(719) 429-3529

amohare@maralexinc.com

Heil, John

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970-563-4000

maralextech@gmail.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800847

Inspection Date: 01/05/2021

FIR Submit Date: 01/14/2021

FIR Status: _____

Inspected Operator Information:

Company Name: MARALEX RESOURCES INC

Company Number: 53255

Address: P O BOX 338

City: IGNACIO State: CO Zip: 81137

LOCATION - Location ID: 325536

Location Name: GOSNEY-M34N7W Number: 14NWNW County: LA PLATA

Qtrqr: NWN Sec: 14 Twp: 34N Range: 7W Meridian: M
W

Latitude: 37.195140 Longitude: -107.583300

FACILITY - API Number: 05-067- -00 Facility ID: 214965

Facility Name: GOSNEY Number: 1

Qtrqr: NWN Sec: 14 Twp: 34N Range: 7W Meridian: M
W

Latitude: 37.195140 Longitude: -107.583300

CORRECTIVE ACTIONS:

1 CA# 145854

Corrective Action: Install sign to comply with Rule 210.b.

Date: 02/15/2021

Response: CA COMPLETED

Date of Completion: 02/25/2021

Operator
Comment: Sign installed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 145855

Corrective Action: Comply with Rule 603.f.

Date: 01/29/2021

Response: CA COMPLETED

Date of Completion: 02/25/2021

Operator
Comment: Cables removed.

COGCC Decision: _____

COGCC
Representative: _____

3 CA# 145856

Corrective Action: Comply with Rule 603.f.

Date: 01/29/2021

Response: CA COMPLETED

Date of Completion: 02/25/2021

Operator
Comment: Equipment removed.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Correstive Actions completed.

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

Print Name: Diane Togstad

Signed: _____

Title: Production Tech

Date: 2/25/2021 8:20:39 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files