

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

403115267

Date Received:

08/02/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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

Overright, Issac

ioverright@maralexinc.com

Harrison, Trish

970 759 9545

trishharrison@eis-llc.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500233

Inspection Date: 07/14/2022

FIR Submit Date: 07/14/2022

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: 306805

Location Name: Mollie Corynne 33-7-2 Number: 3C County: LA PLATA

Qtrqtr: NENE Sec: 2 Twp: 33N Range: 7W Meridian: N

Latitude: 37.137080 Longitude: -107.571480

FACILITY - API Number: 05-067-00 Facility ID: 267561

Facility Name: MOLLIE CORYNNE 33-7-2 Number: 2A

Qtrqtr: NENE Sec: 2 Twp: 33N Range: 7W Meridian: N

Latitude: 37.137080 Longitude: -107.571480

CORRECTIVE ACTIONS:

1 CA# 163345

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 07/15/2022

Response: CA COMPLETED

Date of Completion: 07/22/2022

Operator Comment: Completed

COGCC Decision: _____

COGCC
Representative:

2 CA# 163446

Corrective Action: Perform annual bradenhead test per rule 419.c

Date: 01/15/2022

Response: CA COMPLETED

Date of Completion: 07/25/2022

Operator
Comment:

Bradenhead test completed

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: trish harrison

Signed: _____

Title: permitting

Date: 8/2/2022 12:49:42 PM

ATTACHMENT LIST

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

Document Number **Description**

403115279

Photos

Total Attach: 1 Files