

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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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

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:

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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: _____ 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

User Group Comment Comment Date

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Total: 0 comment(s)