

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



DE ET OE ES

Document Number:

400536549

Date Received:

01/08/2014

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  
Email: naomi@maralexinc.com

5. API Number 05-077-08556-00  
6. County: MESA  
7. Well Name: CAMP GULCH UNIT-FEDERAL  
Well Number: 3-22-8-103  
8. Location: QtrQtr: NESE Section: 22 Township: 8S Range: 103W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: MORRISON Status: SHUT IN Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 3028 Bottom: 3042 No. Holes: 28 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

NO WORK WAS COMPLETED AT THIS TIME. This form is submitted only to correct the formation name from Dakota (as shown on scout ticket) to Morrison which is the correct formation based on completion report and MIT form 21. This correction has also been noted as required by Bob Koehler on the bottom of Document #1771970 dated 7-02-2012.

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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

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:

NO WORK WAS COMPLETED AT THIS TIME. This form is submitted only to correct the formation name from Dakota (as shown on scout ticket) to Morrison which is the correct formation based on completion report and MIT form 21. This correction has also been noted as required by Bob Koehler on the bottom of Document #1771970 dated 7-02-2012.

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: 1/8/2014 Email : naomi@maralexinc.com

### Attachment Check List

**Att Doc Num**      **Name**

400536549	FORM 5A SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

Permit	Passes Permitting: Operator intent is to identify pay zone as Morrison, as per original Completion Report dated 2/10/1984,. doc # 483368.	1/9/2014 8:00:56 AM
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Total: 1 comment(s)