

FORM
5Rev
09/14State of Colorado
Oil and Gas Conservation Commission

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Document Number:

400819365

Date Received:

04/02/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 53255 Contact Name: Naomi Azulai
 Name of Operator: MARALEX RESOURCES, INC Phone: (970) 5634000
 Address: P O BOX 338 Fax: (970) 5634116
 City: IGNACIO State: CO Zip: 81137

API Number 05-045-06290-00 County: GARFIELD
 Well Name: RIFLE WALTON Well Number: 25-2
 Location: QtrQtr: SENW Section: 25 Township: 7S Range: 91W Meridian: 6
 Footage at surface: Distance: 2183 feet Direction: FNL Distance: 1695 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

Field Name: DIVIDE CREEK Field Number: 16900Federal, Indian or State Lease Number: 12471Spud Date: (when the 1st bit hit the dirt) 01/03/1981 Date TD: _____ Date Casing Set or D&A: _____Rig Release Date: 02/28/1981 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation
Total Depth MD 8037 TVD** _____ Plug Back Total Depth MD _____ TVD** _____Elevations GR 7487 KB 7498 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	36	0	309	210	0	309	VISU
1ST	7+7/8	4+1/2	11.6	0	8,037	1,125	5,120	8,037	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,675	30		

Details of work:

Casing Repair.

Set RBP at 5790'. Pump a 30sxs ballanced plug. Squeeze 7sxs through casing leak at 5675'. Fnal squeeze pressure 1500psig. WOC. Drill out cement in 4 1/2" casing. Test 4 1/2" to 540psig. Release RBP. Reset RBP at 7680'. Test 4 1/2" casing to 515psig for 15 minutes. Good test.
No plugs were set and no perforations, so no wireline.

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments

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: 4/2/2015 Email: productiontech@gmail.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400819415	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400819365	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400819405	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	This casing repair should have been submitted on a sundry. The cement top was not raised. Added cement top of 5100' for 1st string from CBL.	2/2/2016 2:20:11 PM

Total: 1 comment(s)