

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NO-G-9501-1281

6. If Indian, Allottee or Tribe Name
Navajo

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation CA Pending
2. Name of Operator Maralex Resources, Inc.	8. Well Name and No. Gracia Navajo 28 # 1
3. Address and Telephone No. P.O. Box 338, Ignacio, CO 81137 970/563-4000	9. API Well No. 30-045-29984
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1330' FNL; 1330' FEL Section 28-T25N-R11W	10. Field and Pool, or Exploratory Area Basin Fruitland Coal
	11. County or Parish, State San Juan County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other Spud Well
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Above referenced well was spud at 12:00PM on 12/4/99.

RECEIVED
DEC 10 1999

OIL & GAS
DIVISION

1999 DEC -7 AM 10:47
OFO FARMINGTON, NM

4. I hereby certify that the foregoing is true and correct

Signed Carl D. Olson Title Production Technician Date 12/6/99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

ACCEPTED FOR RECORD
DEC 08 1999

NMOC