

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised May 08, 2003

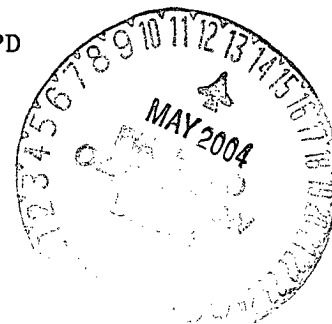
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-045-32021
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Maralex Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 338, Ignacio, CO 81137		7. Lease Name or Unit Agreement Name Blancett FC
4. Well Location Unit Letter <u>A</u> : <u>1000</u> feet from the <u>North</u> line and <u>780</u> feet from the <u>West</u> line Section <u>24</u> Township <u>30N</u> Range <u>12W</u> NMPM County <u>San Juan</u>		8. Well Number 2A
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5508' GR		9. OGRID Number 013998
		10. Pool name or Wildcat Basin Fruitland Coal

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: First Delivery of Production <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of 1st Delivery: May 5, 2004  
Length of Test: 24 hours  
Production Method: Pumping  
Production Rate: 160 MCFD, 5 BWPD, 0 BOPD  
Pressures: CP 130#  
Disposition of Gas: Sold  
Witnessed by: Jim Graves  
Well Status: Producing



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carla S. Shaw TITLE Production Technician DATE 05/07/04

Type or print name Carla S. Shaw Telephone No. 970/563-4000

(This space for State use)

APPROVED BY Chad H. TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 13 DATE MAY 13 2004

Conditions of approval, if any: