

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OM 8 No. 1004-0137
Expires: March 31, 2007

SUNDARY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Maralex Resources, Inc.

3a. Address
P.O. Box 338, Ignacio, CO 81137

3b. Phone No. (include area code)
970/563-4000

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
800' FSL; 840' FWL
Section 24-T25N-R11W

5. Lease Serial No.
NM94826

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
CA Pending

8. Well Name and No.

Trading Post 24 # 2

9. API Well No.

30-045-32940

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

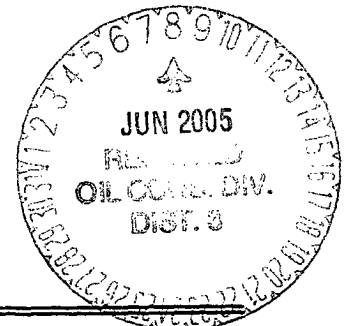
San Juan County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
☐ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☒ Subsequent Report	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Final Abandonment Notice	☐ Casing Repair	☐ New Construction	☐ Recomplete	☒ Other Set Surface Casing
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-5 shall be filed once casing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Drill 12-1/4" hole. Set 8-5/8", 23# new J-55 surface casing, set at 142'KB.
Cement casing with 115 sacks Standard cement with 2% CaCl2 and 1/4#/bbl floccle.
Displace with 8 bbls water. Circulate approximately 12 bbls cement to surface.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Carla S. Shaw

Title Production Technician

Signature *Carla S. Shaw*

Date 5/31/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved by _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

JUN 07 2005

Office

FARMINGTON FIELD OFFICE

BY *OW*

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOC

HALLIBURTON JOB SUMMARY		SALES ORDER NUMBER 3741465	TICKET DATE May 29, 2005
REGION NORTH AMERICA	NWA / COUNTRY ROCKY MOUNTAIN	SDA / STATE NM	COUNTY SAN JUAN
MBU ID / EMPL # 275055	HES EMPLOYEE NAME JOAQUIN MEZA	PSL DEPARTMENT ZONAL ISOLATION	
LOCATION FARMINGTON, NM	COMPANY MARALEX	CUSTOMER REP / PHONE JEREMY GOLOB #970-799-4278	
TICKET AMOUNT	WELL TYPE 02 GAS	APRUM #	
WELL LOCATION NAPI	DEPARTMENT ZONAL ISOLATION 10003	SAP BOAM NUMBER	JOB TYPE 8 5/8" SURFACE
TRADING POST 24	Well No. #2	TWP /	RNG

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS
JOAQUIN MEZA 275055		HARRY SHOATS 329013		M DICKIE	

HES UNIT # / (R/T MILES)	R/T MILES	HES UNIT # / (R/T MILES)	R/T MILES	HES UNIT # / (R/T MILES)	R/T MILES
10286381		10248037		10248068	

Form. Name _____ Type: _____	Form. Thickness _____ From _____ To _____	Date	Called Out 5/29/05	On Location 5/29/05	Job Started 5/29/05	Job Completed 5/29/05
Packer Type _____ Set At _____	Bottom Hole Temp. _____ Pressure _____	Time	0800	1100	1155	1208
Retainer Depth _____ Total Depth _____						

Type and Size	Qty	Make	Casing	New/Used	Weight	Size	Grade	From	To	Max. Allow
Float Collar			Surface	NEW	24.0	8 5/8"		0	138	
Float Shoe			Intermediate							
Centralizers			Production							
Top Plug			Tubing							
Limit Clamp			Drill Pipe							
BASKET			Open Hole							Shots/Ft.
Insert Float			Perforations							
Guide Shoe			Perforations							
Weld-A			DV Tool							

Mud Type _____ H2O BASE Density 9 Lb/Gal			Date		Hours	Date		Hours	SEE JOB LOG
Disp. Fluid _____ H2O Density 8.33 Lb/Gal			5/29/05		1.00	5/28/05		1.00	
Prop. Type _____ Size _____ Lb			5/29/05			5/29/05			
Prop. Type _____ Size _____ Lb									
Acid Type _____ Gal. _____ %									
Acid Type _____ Gal. _____ %									
Surfactant _____ Gal. _____ In									
NE Agent _____ Gal. _____ In									
Fluid Loss _____ Gal/Lb _____ In									
Gelling Agent _____ Gal/Lb _____ In									
Fric. Red. _____ Gal/Lb _____ In									
Breaker _____ Gal/Lb _____ In									
Blocking Agent _____ Gal/Lb _____ In									
Perfpac Balls _____ Qty. _____									
Other _____									
KCL substitute _____									
Other _____									
Other _____									
Other _____									

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
	115	STD	BULK	2% C-1-1/4# FLOCELE	5.20	1.18	15.6
			BULK				
			BULK				
			BULK				
			BULK				

Circulating _____ RIG	Displacement _____ HES PUMP	Preflush: Gal - BBI _____ 10	Type: _____ DYE
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns _____ NO		Excess / Return Gal BBI _____	Calc. Disp Bbl _____ 7
Cmt Rtn#Bbl _____ 12	Actual TOC _____ SURFACE	Calc. TOC: _____	Actual Disp. _____ 7.0
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl - Gal _____ 7
Shut In: Instant _____ 5 Min.	15 Min. _____	Cement Slurry Gal - BBI _____	24
		Total Volume Gal - BBI _____	41

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER REPRESENTATIVE

SIGNATURE _____

