Form 3160-5 (August 2007)

## UNITED STATES

| DEPARTMENT OF THE INTERIOR |  |
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| BUREAU OF LAND MANAGEMENT  |  |
|                            |  |

| 5. Lease Senal<br>NM 8409 | N |
|---------------------------|---|
| NM 8409                   |   |

|     | OMB No. 1004-0137      |  |
|-----|------------------------|--|
| _   | Expires: July 31, 2010 |  |
| No. |                        |  |

FORM APPROVED

|                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                 |                                             | NM 8409                                                                        |                                                                                                  |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|
|                                                                                                                                                                                                                                        | IOTICES AND REPO                                                                                                                  |                                                                                                                 |                                             | 6. If Indian, Allottee or                                                      | r Tribe Name                                                                                     |                             |
|                                                                                                                                                                                                                                        |                                                                                                                                   | to drill or to re-enter an                                                                                      |                                             |                                                                                | •                                                                                                |                             |
| abandoned well.                                                                                                                                                                                                                        | Use Form 3160-3 (A                                                                                                                | NPD) for such proposal                                                                                          | s                                           | 2017 AUG -9                                                                    | AM 11: 13                                                                                        |                             |
| SUBMIT                                                                                                                                                                                                                                 | T IN TRIPLICATE - Other                                                                                                           | r instructions on page 2.                                                                                       |                                             |                                                                                | ment, Name and/or No.                                                                            |                             |
| I. Type of Well                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                 |                                             | KECEIVE                                                                        | ED                                                                                               |                             |
| Oil Well Gas W                                                                                                                                                                                                                         | Vell Other                                                                                                                        |                                                                                                                 | _                                           | 8. Well Name and No.<br>Dome Federal 07-2                                      | 7-13 <sup>1</sup> #NM                                                                            |                             |
| 2. Name of Operator<br>Maralex Resources, Inc.                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                 |                                             | 9. API Well No.<br>30-045-23397                                                |                                                                                                  |                             |
| a. Address                                                                                                                                                                                                                             |                                                                                                                                   | 3b. Phone No. (include area coo                                                                                 | de)                                         | 10. Field and Pool or I                                                        | •                                                                                                |                             |
| P. O. Box338, Ignacio,CO 81137                                                                                                                                                                                                         |                                                                                                                                   | (970)563-4000                                                                                                   |                                             | WAW Fruitland San                                                              | d PC                                                                                             |                             |
| Location of Well (Footage, Sec., T., 1490' FNL; 800' FWL                                                                                                                                                                               | R.M., or Survey Description                                                                                                       | i)                                                                                                              |                                             | 11. Country or Parish,                                                         | State                                                                                            |                             |
| ection 7-T27N-R13W                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                 |                                             | San Juan County, N                                                             | IM                                                                                               |                             |
| 12. CHEC                                                                                                                                                                                                                               | K THE APPROPRIATE BO                                                                                                              | OX(ES) TO INDICATE NATURI                                                                                       | E OF NOTIO                                  | CE, REPORT OR OTH                                                              | ER DATA                                                                                          |                             |
| TYPE OF SUBMISSION                                                                                                                                                                                                                     |                                                                                                                                   | TY                                                                                                              | PE OF ACT                                   | ION                                                                            |                                                                                                  |                             |
| Notice of Intent                                                                                                                                                                                                                       | Acidize                                                                                                                           | Deepen                                                                                                          | Prod                                        | uction (Start/Resume)                                                          | Water Shut-Off                                                                                   |                             |
| ✓ Notice of Intent                                                                                                                                                                                                                     | Alter Casing                                                                                                                      | Fracture Treat                                                                                                  | Recl                                        | amation                                                                        | Well Integrity                                                                                   |                             |
| Subsequent Report                                                                                                                                                                                                                      | Casing Repair                                                                                                                     | New Construction                                                                                                | Reco                                        | mplete                                                                         | Other                                                                                            |                             |
| Subsequent Report                                                                                                                                                                                                                      | Change Plans                                                                                                                      | Plug and Abandon                                                                                                | Tem                                         | porarily Abandon                                                               | <del></del>                                                                                      |                             |
| Final Abandonment Notice                                                                                                                                                                                                               | Convert to Injection                                                                                                              | Plug Back                                                                                                       | Wate                                        | er Disposal                                                                    |                                                                                                  |                             |
| 13. Describe Proposed or Completed On<br>the proposal is to deepen directions.<br>Attach the Bond under which the war<br>following completion of the involvatesting has been completed. Final<br>determined that the site is ready for | ally or recomplete horizontal<br>work will be performed or project<br>ed operations. If the operation<br>Abandonment Notices must | lly, give subsurface locations and<br>ovide the Bond No. on file with I<br>ion results in a multiple completion | measured and<br>BLM/BIA. If<br>on or recomp | nd true vertical depths of<br>Required subsequent repoletion in a new interval | of all pertinent markers and a<br>ports must be filed within 30<br>l, a Form 3160-4 must be file | zones.<br>) days<br>ed once |
| Maralex Resources, Inc. intends to p                                                                                                                                                                                                   | plug and abandon the Doi                                                                                                          | me Federal 07-27-13 #1 well v                                                                                   | within the ne                               | ext few months. Work                                                           | procedure as follows:                                                                            |                             |
| Rig up workover rig or coiled tubil. Clean out to 1378'. Spot53sacks cement plug from F                                                                                                                                                |                                                                                                                                   |                                                                                                                 |                                             |                                                                                |                                                                                                  |                             |
| <ol> <li>Cut off well 6' below surface</li> <li>Backfill and errect abandoned we</li> </ol>                                                                                                                                            | ell marker.                                                                                                                       |                                                                                                                 |                                             |                                                                                | RCVD AUG 23 '07                                                                                  | Ť                           |
|                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                 |                                             |                                                                                | OIL CONS. DIV.                                                                                   |                             |
|                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                                                 |                                             |                                                                                |                                                                                                  |                             |

DIST. 3

| Senior Petroleum Engineer |                   |
|---------------------------|-------------------|
| . 08/07/2007              |                   |
| OR STATE OFFICE USE       |                   |
| Title                     | Date AUG 2 C 2007 |
| Office                    |                   |
|                           |                   |

fictitious or fraudulent statements Of representations as to any matter within its jurisdiction