Form 3160-5 June 1990) Do not use this form	UNITED DEPARTMENT DEPARTMENT BUREAU OF LAST BUREAU DE LAST BUREAU	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 3. Lease Designation and Serial No. SF 078138 6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE 1. Type of Well Other 2. Name of Operator Maralex Resources, Inc.			7. If Unit or CA, Agreement Designation NMNM95756 8. Well Name and No. Cecil Cast # 1 9. AP! Well No. 30-045-29193 10. Field and Pool, or Exploratory Area Basin Fruitland Coal 11. County or Parish, State San Juan	
3. Address and Telephone No. P.O. Box 338, Ignacio, CO 81137 (970)563-4000 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1400' FNL, 1450' FEL (SWNE) Sec. 19-T30N-R11W				
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DESCRIPTION				
Notice of Subseque		Abandonment Recompletion Plugging Black Casing Repair Altering Casing Other Perform Remedial Work	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Near: Report results of readable completion as Well Completion or Recompletion Report and Log form.)	
Temporari Refractur 20-40 pro	ily isolate perforat re stimulate gross i	ninear details, and give periment dates, including estimated date of starting upths for all markers and access pertinent to this work.)* Tions @ 1701' - 1706' with straddle partice of the straddle particle partice of the straddle particle partic	any proposed work. If well is directionally drilled as the colonial of the col	

OIL CON. DIV. DIST. 3

Signed Alma Warn	Tkle_	Engineering Manager	05/06/98	
(This space for Federal or State office use)			AUCEPTED FUN HEGUND	
Approved by	Title _	•	MAY 1 4 1998	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United Shier day the Health Comments or representations as to say matter within its jurisdiction.