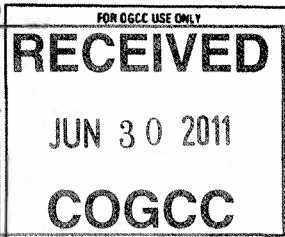


FORM
17
Rev 8/99State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 53255		3. BLM Lease No: COC47630B		11. Date of Test: 6/23/2011	
2. Name of Operator: Maralex Resources, Inc.		5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12. Well Status: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Shut In	
4. API Number: 05-045-06290		Number: 25-2		<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection	
6. Well Name: Rifle Walton		Location (Qtr, Sec, Twp, Rng, Meridian): SENW Sec. 25, T7S, R91W, 6th PM		<input type="checkbox"/> Clock/Intermitter	
7. Location (Qtr, Sec, Twp, Rng, Meridian):		8. County: Garfield		<input type="checkbox"/> Plunger Lift	
9. Field Name: Divide Creek		10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?	
14. STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: 2240 Fm: CRCRN	Tubing: Fm: Prod. Casing: 2240 Fm: CRCRN	Intermediate Csg: Fm: Surface Casing: 370	15. STEP 2: See instructions above.	

16. STEP 3: BRADENHEAD TEST							
Buried valve? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec)	Fm: CRCRN Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:	2240		2240		D
		05:	2240		2240		H
		10:					
		15:					
		20:					
		25:					
BRADENHEAD SAMPLE TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid		30:					
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input checked="" type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		Note instantaneous Bradenhead PSIG at end of test: > 0					
Sample cylinder number:							

17. STEP 4: INTERMEDIATE CASING TEST							
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min:Sec)	Fm: Tubing:	Fm: Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		30:					
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe)		Note instantaneous Intermediate Casing PSIG at end of test: >					
Sample cylinder number:							
18. Comments: Blew down in 10 seconds, fluid hit in 20 seconds. Continuous flow of fluid							

19. STEP 5: See instructions above.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed by: Jim Graves Title: Operations Manager Phone: 970-799-1639
Signed: *Jim Graves* Title: PRODUCTION TECH Date: 6/29/2011
WITNESSED BY: _____ Title: _____ Agency: _____