

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10401
2. Name of Operator: MAK-J ENERGY COLORADO LLC
3. Address: 1600 N BROADWAY, SUITE 1740
City: DENVER State: CO Zip: 80202
4. Contact Name: Dawn G. Meek
Phone: (303) 339-5877
Fax: (303) 468-0093

5. API Number 05-123-35230-00
6. County: WELD
7. Well Name: MCCOY
Well Number: 24-33
8. Location: QtrQtr: NWSW Section: 33 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 07/17/2012

Perforations Top: 7744 Bottom: 7764 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: ☒

Fractured Codell formation with 154,940 lbs of 30/50 white and 20/40 SLC sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4966 Max pressure during treatment (psi): 5542

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): 1000 Flowback volume recovered (bbl): 4711

Fresh water used in treatment (bbl): 3966 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154940 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 07/17/2012

Perforations Top: 7495 Bottom: 7764 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/22/2012 Hours: 24 Bbl oil: 187 Mcf Gas: 102 Bbl H2O: 72

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 545

Test Method: Flowing Casing PSI: 620 Tubing PSI: _____ Choke Size: 12

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1283 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7725 Tbg setting date: 12/06/2012 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/18/2012 End Date: 05/18/2012 Date of First Production this formation: 07/17/2012

Perforations Top: 7495 Bottom: 7672 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Fractured Niobrara formation with 204,800 lbs of 30/50 white and 20/40 SLC sand.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6205 Max pressure during treatment (psi): 6034

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): 1000 Flowback volume recovered (bbl): 4711

Fresh water used in treatment (bbl): 5205 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204800 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

No wellbore diagrams created.

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

Signed: _____ Print Name: Peter R. Mounsey

Title: CEO Date: _____ Email: pmounsey@makjenergy.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)