

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-35226-00
6. County: WELD
7. Well Name: MCCOY
Well Number: 14-33
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: 05/10/2012 End Date: 05/10/2012 Date of First Production this formation: 07/14/2012

Perforations Top: 7546 Bottom: 7566 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: [X]

Fracture stimulated Codell formation with 154,560 lbs of 50/70 white and 20/40 SLC sand.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 5009 Max pressure during treatment (psi): 4965
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): 0.83
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 4584
Fresh water used in treatment (bbl): 5009 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 154560 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: 05/01/2012 End Date: 05/10/2012 Date of First Production this formation: 07/14/2012
Perforations Top: 7244 Bottom: 7566 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: 07/27/2012 Hours: 24 Bbl oil: 138 Mcf Gas: 140 Bbl H2O: 103

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 1010

Test Method: Flowing Casing PSI: 490 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: 7531 Tbg setting date: 09/08/2012 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: 05/10/2012 End Date: 05/10/2012 Date of First Production this formation: 07/14/2012
Perforations Top: 7244 Bottom: 7420 No. Holes: 60 Hole size: 42/100

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

Fracture stimulated Niobrara with 204,250 lbs of 50/70 white and 20/40 SLC sand.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6094 Max pressure during treatment (psi): 5214

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): _____ Flowback volume recovered (bbl): 4584

Fresh water used in treatment (bbl): 6094 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204250 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)