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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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 05-123-35229-00
6. County: WELD
7. Well Name: MCCOY
Well Number: 2-6-33
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: 05/25/2012 End Date: 05/25/2012 Date of First Production this formation: 07/24/2012

Perforations Top: 7594 Bottom: 7614 No. Holes: 60 Hole size: 42/100

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

Fracture stimulated the Codell formation with 154,000 lbs of 30/50 white and 20/40 SLC sand. Pumped a total of 5052 bbls of fluid. Maximum treating pressure of 4944 psi.

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

Total fluid used in treatment (bbl): 5052
Max pressure during treatment (psi): 4944
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): 1000
Flowback volume recovered (bbl): 4044
Fresh water used in treatment (bbl): 4052
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 154000
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: 05/25/2012 End Date: 05/25/2012 Date of First Production this formation: 07/24/2012

Perforations Top: 7209 Bottom: 7614 No. Holes: 60 Hole size: 42/100

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

This formation is commingled with another formation: [X] 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: 08/03/2012 Hours: 24 Bbl oil: 143 Mcf Gas: 120 Bbl H2O: 32

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 837

Test Method: Flowing Casing PSI: 500 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: 7575 Tbg setting date: 12/04/2012 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: 05/25/2012 End Date: 05/25/2012 Date of First Production this formation: 07/24/2012

Perforations Top: 7209 Bottom: 7471 No. Holes: 60 Hole size: 42/100

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

Fracture stimulated the Niobrara with 204,380 lbs of 30/50 white and 20/40 SLC sand. Pumped a total of 6204 bbls of fluid. Maximum treating pressure of 5484 psi.

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

Total fluid used in treatment (bbl): 6204 Max pressure during treatment (psi): 5484

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): 0.86

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

Recycled water used in treatment (bbl): 1000 Flowback volume recovered (bbl): 4044

Fresh water used in treatment (bbl): 5204 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204380 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)