

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400328737

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10401 4. Contact Name: Chuck Pollard
 2. Name of Operator: MAK-J ENERGY COLORADO LLC Phone: (303) 339-5884
 3. Address: 1600 N BROADWAY, SUITE 1740 Fax: (303) 468-0092
 City: DENVER State: CO Zip: 80202

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
 Footage at surface: Distance: 1597 feet Direction: FSL Distance: 219 feet Direction: FWL
 As Drilled Latitude: 40.266710 As Drilled Longitude: -105.016910

GPS Data:

Date of Measurement: 06/08/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 573 feet. Direction: FSL Dist.: 593 feet. Direction: FWL
Sec: 33 Twp: 4 Rng: 68

** If directional footage at Bottom Hole Dist.: 567 feet. Direction: FSL Dist.: 582 feet. Direction: FWL
Sec: 33 Twp: 4 Rng: 68

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/21/2012 13. Date TD: 04/25/2012 14. Date Casing Set or D&A: 04/26/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7698 TVD** 7528 17 Plug Back Total Depth MD 7654 TVD** 7484

18. Elevations GR 5054 KB 5066 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

GR/Induction/Density-Neutron/CCL/CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	698	490	0	698	VISU
1ST	7+7/8	4+1/2		0	7,698	600	3,626	7,698	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
HYGIENE	3,723		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,335		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,748		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,223		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,523		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,544	7,569	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,614		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: Charles Pollard

Title: President Date: _____ Email: cpollard@makjenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400329111	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400328794	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400329112	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)