

FORM  
5Rev  
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:

400328733

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 05-123-35230-00

6. County: WELD

7. Well Name: MCCOY

Well Number: 24-33

8. Location: QtrQtr: NWSW Section: 33 Township: 4N Range: 68W Meridian: 6

Footage at surface: Distance: 1613 feet Direction: FSL Distance: 219 feet Direction: FWL

As Drilled Latitude: 40.266750 As Drilled Longitude: -105.016910

## GPS Data:

Data 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.: 690 feet. Direction: FSL Dist.: 1923 feet. Direction: FWL

Sec: 33 Twp: 4 Rng: 68

\*\* If directional footage at Bottom Hole Dist.: 681 feet. Direction: FSL Dist.: 1927 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) 04/15/2012 13. Date TD: 04/20/2012 14. Date Casing Set or D&amp;A: 04/21/2012

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7906 TVD\*\* 7527 17 Plug Back Total Depth MD 7852 TVD\*\* 7473

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	686	490	0	686	VISU
1ST	7+7/8	4+1/2		0	7,906	600	3,730	7,906	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	3,809		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,450		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,899		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,460		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,722		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,742	7,765	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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 ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400329125	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"/>
<u>Other Attachments</u>					
400328798	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400329126	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)