

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



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Document Number:
400293546

Date Received:
09/26/2012

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 05-123-35227-00 6. County: WELD
 7. Well Name: MCCOY Well Number: 13-33
 8. Location: QtrQtr: NWSW Section: 33 Township: 4N Range: 68W Meridian: 6
 Footage at surface: Distance: 1661 feet Direction: FSL Distance: 219 feet Direction: FWL
 As Drilled Latitude: 40.266880 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.: 2020 feet. Direction: FSL Dist.: 637 feet. Direction: FWL
 Sec: 33 Twp: 4N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 2019 feet. Direction: FSL Dist.: 632 feet. Direction: FWL
 Sec: 33 Twp: 4N Rng: 68W

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) 03/27/2012 13. Date TD: 03/31/2012 14. Date Casing Set or D&A: 04/01/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7630 TVD** 7588 17 Plug Back Total Depth MD 7558 TVD** 7516

18. Elevations GR 5055 KB 5067 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	699	490	0	699	VISU
1ST	7+7/8	4+1/2	11.6	0	7,630	540	3,880	7,630	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	3,637		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,200		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,609		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,073		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,373		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,394	7,416	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	7,476		<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: 9/26/2012 Email: cpollard@makjenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2113910	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400329106	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			
400293546	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328642	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400328646	COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400329108	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Received and attached Cement Job Summary.	1/3/2013 8:16:05 AM
Permit	Hard copies of logs received. On hold. Requested Cement Job Summary.	11/9/2012 2:26:09 PM
Permit	hard copies of logs and duplicates of forms coming to my attention.	9/26/2012 11:01:59 AM

Total: 3 comment(s)