

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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Document Number:

400388562

Date Received:

03/07/2013

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 05-123-35231-00
6. County: WELD
7. Well Name: MCCOY
Well Number: 23-33
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: 05/22/2012 End Date: 05/22/2012 Date of First Production this formation: 07/25/2012

Perforations Top: 7734 Bottom: 7752 No. Holes: 60 Hole size: 42/100

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

Fraced Codell formation with 156,400 bbls of 30/50 white and 20/40 SLC sand. Pumped total of 4977 bbls of fluid. Pumped at an average rate of 60 bpm.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4977 Max pressure during treatment (psi): 5234

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): Flowback volume recovered (bbl): 2988

Fresh water used in treatment (bbl): 4977 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 156400 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: 05/22/2012		End Date: 05/22/2012		Date of First Production this formation: 07/25/2012	
Perforations Top: 7514		Bottom: 7752		No. Holes: 60 Hole size: 42/100	
Provide a brief summary of the formation treatment:				Open Hole: <input checked="" type="checkbox"/>	
This formation is commingled with another formation:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>			
Reason why green completion not utilized:					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 07/26/2012	Hours: 24	Bbl oil: 118	Mcf Gas: 105	Bbl H2O: 78	
Calculated 24 hour rate:	Bbl oil:	Mcf Gas:	Bbl H2O:	GOR: 891	
Test Method: Flowing	Casing PSI: 610	Tubing PSI:	Choke Size: 12/64		
Gas Disposition: SOLD	Gas Type: DRY	Btu Gas: 1283	API Gravity Oil: 45		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7714	Tbg setting date: 12/03/2012	Packer Depth:		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned:	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 05/22/2012 End Date: 05/22/2012 Date of First Production this formation: 07/25/2012
Perforations Top: 7512 Bottom: 7684 No. Holes: 60 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☒

Fracture stimulated the Niobrara with 202,500 lbs of 30/50 white and 20/40 SLC sand. Pumped total of 6059 bbls fluid.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 6059

Max pressure during treatment (psi): 6169

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): 2988

Fresh water used in treatment (bbl): 6059

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 202500

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: 3/7/2013 Email: pmounsey@makjenergy.com

Attachment Check List

Att Doc Num	Name
400388562	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)