

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:

2237730

Date Received:

12/19/2012

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: 10301
2. Name of Operator: DEJOUR ENERGY (USA) CORPORATION
3. Address: 1401 17TH STREET #850
City: DENVER State: CO Zip: 80202
4. Contact Name: GARY HAEFELE
Phone: (303) 296-3535
Fax: (303) 296-3888

5. API Number 05-045-21183-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 6/7-16-21
8. Location: QtrQtr: SWSE Section: 21 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 777 feet Direction: FSL Distance: 1774 feet Direction: FEL
As Drilled Latitude: 39.508503 As Drilled Longitude: -107.556035

GPS Data:
Date of Measurement: 06/18/2012 PDOP Reading: 3.0 GPS Instrument Operator's Name: KYLE TESTKY

** If directional footage at Top of Prod. Zone Dist.: 148 feet. Direction: FSL Dist.: 2062 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 91W
** If directional footage at Bottom Hole Dist.: 172 feet. Direction: FSL Dist.: 1967 feet. Direction: FWL
Sec: 21 Twp: 6S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC66370

12. Spud Date: (when the 1st bit hit the dirt) 09/08/2012 13. Date TD: 09/21/2012 14. Date Casing Set or D&A: 09/24/2012

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

16. Total Depth MD 8436 TVD** 8099 17 Plug Back Total Depth MD 8296 TVD** 7941

18. Elevations GR 7008 KB 7030
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:
TRIPLE COMBO 1227 - 80, TRIPLE COMBO 8438 - 1231; TEMP LOG PBTD - SURFACE,CBL PBTD-1200'.

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
CONDUCTOR	20	16		0	80	10	0	80	CALC
SURF	13+1/2	9+5/8		0	1,231	325	0	1,231	CALC
1ST	8+3/4	4+1/2		0	8,413	1,021	4,090	8,366	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	
WASATCH	0	4,684	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,684	8,772	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,236	8,436	<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: GARY HAEFELE

Title: OPERATIONS MGR Date: 9/27/2012 Email: GHAEFELE@DEJOUR.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1534006	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1534002	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
2237732	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
1534007	DRILLING COMPLETION REPORT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2237730	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400390855	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Off hold;confirmed dir. template uploaded.	3/15/2013 12:56:11 PM
Permit	Oper. sub. revised form 5; made changes to this form per that revision including as drilled GPS, TOP PZ and BHL footages, casing info, plugback depths, fm. tops. Attached surf. cmt. summ. Uploaded XCEL dir. template.	3/13/2013 10:53:02 AM
Permit	Oper. sub. PDF of directional survey. Re-req'd WMFK top, surf. cmt. summary, as drilled GPS, plugback depths, and Xcel dir. template.	3/12/2013 8:08:58 AM
Permit	Oper. submitted PDF of CBL. Attached to well file as doc #1533984.	2/19/2013 7:11:42 AM
Permit	Requested CBL, cement summary on surface pipe, directional survey and verification of formation tops.	1/2/2013 8:23:52 AM

Total: 5 comment(s)