

**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:

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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: 10301

4. Contact Name: Gary Haeefe

2. Name of Operator: DEJOUR ENERGY (USA) CORPORATION

Phone: (303) 296-3535

3. Address: 1401 17TH STREET #850

Fax: (303) 296-3888

City: DENVER State: CO Zip: 80202

5. API Number 05-045-21182-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 6/7-13-21

8. Location: QtrQtr: SWSE Section: 21 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 811 feet Direction: FSL Distance: 1747 feet Direction: FEL

As Drilled Latitude: 39.508596 As Drilled Longitude: -107.555941

## GPS Data:

Data of Measurement: 04/21/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: Kyle Tesky

\*\* If directional footage at Top of Prod. Zone Dist.: 1051 feet. Direction: FSL Dist.: 1980 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 1065 feet. Direction: FSL Dist.: 2306 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI

10. Field Number: 47525

11. Federal, Indian or State Lease Number: COC66370

12. Spud Date: (when the 1st bit hit the dirt) 04/06/2013 13. Date TD: 05/03/2013 14. Date Casing Set or D&amp;A: 05/04/2013

## 15. Well Classification:

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

16. Total Depth MD 8123 TVD\*\* 8091 17 Plug Back Total Depth MD 8044 TVD\*\* 8006

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:

Cement Bond Log PBTD to 1200' in Prod Csg. HOWCO Stimlog from PBTD to 4000'. CBL 4859' - Surface - Int Csg; Temp Log from PBTD to Surface.

## 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			0	80	100	0	80	
SURF	13+1/2	9+5/8		0	1,186	335	0	1,202	
1ST	8+3/4	7+5/8		0	4,798	300	1,750	4,798	CBL
2ND	6+1/2	4+1/2		0	8,123	430	3,200	8,123	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	4,450	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,470	7,343	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO SANDS-MESAVERDE	7,343	7,953	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,953	8,123	<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 Haeefe

Title: Operations Manager Date: \_\_\_\_\_ Email: ghaeefe@dejour.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"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)