

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:

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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:
Date 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&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 ?
Attachment Checklist		
	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

User Group	Comment	Comment Date

Total: 0 comment(s)