

FORM 2

Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400222082

PluggingBond SuretyID

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER Water Injection Well
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

3. Name of Operator: DEJOUR ENERGY (USA) CORPORATION 4. COGCC Operator Number: 10301

5. Address: 1401 17TH STREET #1000
City: DENVER State: CO Zip: 80202

6. Contact Name: Gary Haefele Phone: (303)296-3535 Fax: (303)296-3888
Email: ghaefele@dejour.com

7. Well Name: PWD Federal Well Number: 21-6-91

8. Unit Name (if appl): N/A Unit Number: N/A

9. Proposed Total Measured Depth: 9054

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 21 Twp: 6S Rng: 91W Meridian: 6
Latitude: 39.508541 Longitude: -107.556063

Footage at Surface: 791 feet FSL 1782 feet FEL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 7009.5 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 04/12/2010 PDOP Reading: 3.0 Instrument Operator's Name: Kyle Tesky

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 657 FSL 2668 FEL Bottom Hole: 657 FSL 2668 FEL
Sec: 21 Twp: 6S Rng: 91W Sec: 21 Twp: 6S Rng: 91W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 4854 ft

18. Distance to nearest property line: 448 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1800 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Williams Fork-Iles	WFILS			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC66370

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

T6S, R91W, 6th PM; Sec 21: E2NE, SESW, SWSE; Sec 22: SWNW, W2SW, SESW; Sec 25: SWSW; Sec 26: S2.

25. Distance to Nearest Mineral Lease Line: 448 ft 26. Total Acres in Lease: 680

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	18+0/0	14+0/0	54	0	80	100	80	0
SURF	12+1/4	8+5/8	24	0	1,500	800	1,500	0
1ST	7+7/8	4+1/2	11.6	1300	9,050	665	9,050	1,300

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Air drilling may be required to set surface casing. The well is deviated to put the well bore in the center of the lease at the injection zone thus maximizing the distance to lease lines in all directions. forms 31 and 33 have been mailed to COGCC separately from this filing.

34. Location ID: 426533

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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 Manager Date: 12/8/2011 Email: ghaefele@dejour.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400222082	FORM 2 SUBMITTED
400230767	WELL LOCATION PLAT
400230768	DEVIATED DRILLING PLAN

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)