



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b)

1. OGCC Operator Number: 10301	4. Contact Name: Gary Haeefele	Complete the Attachment Checklist OP OGCC
2. Name of Operator: DEJOUR ENERGY (USA) CORP	Phone: 720-375-2530	
3. Address: 3155 E Patrick Ln. STE 1 City: Las Vegas State: NV Zip: 89120-3481	Fax: 303-296-3888	
5. API Number 05-103-11810	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Federal	7. Well/Facility Number 36-24A	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): LOT 2, Sec. 36, T1N-R103W 6 PM		Surface Eqm't Diagram
9. County: Rio Blanco	10. Field Name: Wildcat	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number:		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
 Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
 Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: 5/3/2011 Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releasee
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Gary Haeefele Date: 05/03/11 Email: utarguy@aol.com
Print Name: Gary Haeefele Title: Operations Manager

COGCC Approved: [Signature] Title: PE II Date: 1/4/2012

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



RECEIVED
JAN 04 2012
COGCC

1. OGCC Operator Number: 10301 API Number: 05-103-11810
2. Name of Operator: DEJOUR ENERGY (USA) CORP OGCC Facility ID # _____
3. Well/Facility Name: Federal #36-24A Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): LOT 2, Sec. 36, T1N-R103W 6 PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Operator requests permission to set shallower surface casing than that listed on the approved APD.

The approved APD, Form 2, calls for 950', 8-5/8" 24# surface casing.

Operator requests permission to set 500', 8-5/8" 24# surface casing. This should provide adequate groundwater zone isolation. Casing will be cemented to surface.