



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 Haefele	
2. Name of Operator: Dejour Energy (USA) Corp.	Gary Haefele	
3. Address: 1401 17th Street, Suite 850	Phone: 303-296-3535	
City: Denver State: CO Zip: 80202	Fax: 303-296-3888	
5. API Number: 05-045-21182-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Federal	7. Well/Facility Number: 6/7-13-21	Directional Survey
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): SWSE Sec 21, T6S, 91W		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: Kokopelli	Technical Info Page
11. Federal, Indian or State Lease Number: COC66370		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/Clr 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/Clr, 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: 4-14-13

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
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Run intermediate casing string for Spills and Releases	

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

Signed: _____ Date: 4/12/13 Email: ghaefele@dejour.com
 Print Name: Gary Haefele Title: Operations Manager

COGCC Approved: _____ Title: NWAE Date: 4/15/13
 CONDITIONS OF APPROVAL IF ANY:

FORM
4
Rev 12/05

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TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
APR 15 2013
OGCC/Rifle Office

1. OGCC Operator Number: 10301	API Number: 05-045-21182-00
2. Name of Operator: Dejour Energy (USA) Corp.	OGCC Facility ID #
3. Well/Facility Name: Federal	Well/Facility Number: 6/7-13-21
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec 21, T6S, 91W	

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

Run intermediate casing string 7 5/8" P-110 29.4 lbs. LTC. Landing depth will be at roughly 4700 feet. Will cement with 500 feet of cement up to 4200 feet with 15% excess. Running pipe to isolate lost circulation zones starting on April 14, 2013.