

FORM  
5Rev  
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:

400470729

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 05-045-21181-00

6. County: GARFIELD

7. Well Name: FEDERAL

Well Number: 6/7-15-21

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

Footage at surface: Distance: 784 feet Direction: FSL Distance: 1778 feet Direction: FEL

As Drilled Latitude: 39.508522 As Drilled Longitude: -107.556049

## 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.: 474 feet. Direction: FSL Dist.: 2013 feet. Direction: FEL

Sec: 21 Twp: 6S Rng: 91W

\*\* If directional footage at Bottom Hole Dist.: 484 feet. Direction: FSL Dist.: 2186 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) 04/01/2013 13. Date TD: 05/12/2013 14. Date Casing Set or D&amp;A: 05/11/2013

## 15. Well Classification:

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

16. Total Depth MD 8132 TVD\*\* 8107 17 Plug Back Total Depth MD 8056 TVD\*\* 8031

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:

HOWCO Stimlog from PBTD to 4000'. CBL 8056' - Surface 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	16		0	80	100	0	80	
SURF	13+1/2	9+5/8		0	1,190	335	0	1,190	
1ST	8+3/4	4+1/2		0	8,117	1,388	2,096	8,117	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	4,479	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	4,479	6,908	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO SANDS-MESAVERDE	6,908	7,968	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,968	8,132	<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 Haefele

Title: Operations Manager Date: \_\_\_\_\_ Email: ghaefele@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**

User Group	Comment	Comment Date

Total: 0 comment(s)