

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



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Document Number:

1790824

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling

Sidetrack

3. Name of Operator: DELTA PETROLEUM CORPORATION 4. COGCC Operator Number: 16800

5. Address: 370 17TH ST STE 4300

City: DENVER State: CO Zip: 80202

6. Contact Name: MIKE STANLEY Phone: (303)820-4024 Fax: (303)820-4025

Email: CJOHNSON@DELTAPETRO.COM

7. Well Name: VEGA Well Number: 4-423

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 8152

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 4 Twp: 10S Rng: 93W Meridian: 6

Latitude: 39.217733 Longitude: -107.766123

Footage at Surface: 2139 FNL/FSL FSL 456 FEL/FWL FEL

11. Field Name: VEGA Field Number: 85930

12. Ground Elevation: 8132 13. County: MESA

14. GPS Data:

Date of Measurement: 07/02/2008 PDOP Reading: 6.0 Instrument Operator's Name: J. KIRKPATRICK/BOOKCLIFF SURVEY SVCS

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

Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
2610 FNL 1210 FEL 2610 FNL 1210 FEL

Sec: 4 Twp: 10S Rng: 93W Sec: 4 Twp: 10S Rng: 93W

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: 907

18. Distance to nearest property line: 456 19. Distance to nearest well permitted/completed in the same formation: 340

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.)
MESAVERDE	MVRD	399-4		

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

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 Bon \$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):
T10S R93W – SEC. 4: E2/NE, NE/SW, N2/SE

25. Distance to Nearest Mineral Lease Line: _____ 137 _____ 26. Total Acres in Lease: _____ 200 _____

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: RECLAIMWTR&BURYCUTS

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16	55	60	200	60	0
SURF	12+1/4	8+5/8	32	2,200	740	2,200	0
1ST	7+7/8	4+1/2	11.6	8,152	477	8,152	5,598

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

33. Comments THE PAD HAS BEEN BUILT W/15 WELLS CURRENTLY PERMITTED THOUGH NO ACTIVE DRILLING IS TAKING PLACE AT THIS TIME. DELTA IS THE SURFACE OWNER FOR THIS PAD LOCATION. ALL OTHER CONDITIONS REMAIN THE SAME.

34. Location ID: _____

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: CHERYL JOHNSON

Title: REGULATORY Date: _____ Email: CJOHNSON@DELTAPETRO.

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 077 09806 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1790824	APD ORIG & 1 COPY	LF@2157603 1790824
1790825	WELL LOCATION PLAT	LF@2157604 1790825

Total Attach: 2 Files