

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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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

Document Number:

1789362

Plugging Bond Surety

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: MICHAELSTANLEY Phone: (303)820-4024 Fax: (303)820-4025
Email: MSTANLEY@DELTAPETRO.COM

7. Well Name: NVEGA Well Number: 25-221

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

9. Proposed Total Measured Depth: 8615

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 25 Twp: 9S Rng: 93W Meridian: 6

Latitude: 39.250775 Longitude: -107.727536

Footage at Surface: 846 FNL/FSL FNL 612 FEL/FWL FWL

11. Field Name: VEGA Field Number: 85930

12. Ground Elevation: 7798 13. County: MESA

14. GPS Data:

Date of Measurement: 10/29/2008 PDOP Reading: 2.0 Instrument Operator's Name: B. HUNTING, UINTAH SURVEYING

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

Footage at Top of Prod Zone: FNL/FSL 1455 FNL 2017 FWL 1455 FNL 2017 FWL
Sec: 2 Twp: 9S Rng: 93W Sec: 25 Twp: 9S 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: 918

18. Distance to nearest property line: 475 19. Distance to nearest well permitted/completed in the same formation: 600

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	369-4	320	W2

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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 398 26. Total Acres in Lease: 1630

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: _____

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	845	2,200	0
1ST	7+7/8	4+1/2	11.6	8,615	524	8,615	5,750

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

33. Comments THE CONDITIONS ARE THE SAME AS WHEN THE APD WAS ORIGINALLY FILED. A COPY OF THE SUA WAS PREVIOUSLY FILED WITH THE ORIGINAL APD AND IS STILL IN EFFECT.

34. Location ID: 334438

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: MICHAEL STANLEY

Title: REGULATORY Date: 7/14/2009 Email: MSTANLEY@DELTAPETRO.C

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: David S. Nash Director of COGCC Date: 10/25/2009

API NUMBER: **05 077 09670 00** Permit Number: _____ Expiration Date: 10/24/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

24-HOUR SPUD NOTICE REQUIRED. E-MAIL david.Andrews@state.co.us CEMENT-TOP VERIFICATION BY CBL REQUIRED. THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE-MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 009 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1408968	TOPO MAP	LF@2099673 1408968
1408969	TOPO MAP	LF@2099675 1408969
1789362	APD ORIGINAL	LF@2099582 1789362
1789363	WELL LOCATION PLAT	
1789365	30 DAY NOTICE LETTER	LF@2099583 1789365
1789366	LOCATION PICTURES	LF@2099669 1789366
1789367	LOCATION PICTURES	LF@2099671 1789367

Total Attach: 7 Files