

FORM
5A

Rev
02/08

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:

400182827

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 16800
2. Name of Operator: DELTA PETROLEUM CORPORATION
3. Address: 370 17TH ST STE 4300
City: DENVER State: CO Zip: 80202
4. Contact Name: Linda Cool
Phone: (303) 575-0376
Fax: (303) 575-0476

5. API Number 05-077-08132-00
6. County: MESA
7. Well Name: VEGA UNIT
Well Number: 2
8. Location: QtrQtr: NWSW Section: 34 Township: 9S Range: 93W Meridian: 6
9. Field Name: VEGA Field Code: 85930

Completed Interval

FORMATION: <u>CAMEO</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>7847</u> Bottom: <u>8052</u>	No. Holes: <u>28</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
<u>CIBP @ 7800 w/ 2 sx cement on 9/30/2004</u>	
Date formation Abandoned: <u>09/30/2004</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7800</u>	Sacks cement on top: <u>2</u>

FORMATION: <u>COZZETTE</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>8615</u>	Bottom: <u>8647</u>	No. Holes: <u>19</u> Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
In 1978 a cement plug was set 8140'-8600'.			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: <u>OHIO CREEK</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>5184</u>	Bottom: <u>5450</u>	No. Holes: <u>444</u> Hole size: _____
Provide a brief summary of the formation treatment: _____		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
CIBP @ 5025' w/ 7' cement on top (PBSD: 5018')			
Date formation Abandoned: <u>06/15/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>5025</u>		Sacks cement on top: <u>1</u>	

FORMATION: WILLIAMS FORK Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 6679 Bottom: 7556 No. Holes: 27 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

CIBP set at 6640' w/ 5 sx cement on top 12/2/2008

Date formation Abandoned: 12/02/2008 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: 6640 Sacks cement on top: 5

FORMATION: WASATCH Status: SHUT IN

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 4410 Bottom: 5062 No. Holes: 530 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

6/10-6/15/2011: treated with 10,125 BTW, 2000 gal. 15% HCL acid The Wasatch will be used for injection once the UIC permit is approved.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Well will be utilized for water injection

Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 5025 Sacks cement on top: 1

Comment: _____

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

Signed: _____ Print Name: Linda Cool

Title: Sr Regulatory Technician Date: 7/7/2011 Email lcool@deltapetro.com
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Attachment Check List

Att Doc Num	Name
400182827	FORM 5A SUBMITTED
400182968	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)