

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 COMMINGLE

Refiling
Sidetrack

Document Number:

400187494

Plugging Bond Surety

20090069

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: Jennifer Barnett Phone: (303)578-2536 Fax: ()

Email: jbarnett@progressivepcs.net

7. Well Name: NBC Elk Ranch Well Number: 17-22D

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

9. Proposed Total Measured Depth: 13500

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 9S Rng: 93W Meridian: 6

Latitude: 39.278525 Longitude: -107.793341

Footage at Surface: 2022 feet FNL/FSL FNL 2561 feet FEL/FWL FWL

11. Field Name: Buzzard Creek Field Number: 9500

12. Ground Elevation: 7278 13. County: MESA

14. GPS Data:

Date of Measurement: 06/21/2011 PDOP Reading: 3.0 Instrument Operator's Name: Kyle Tesky, SGM Inc.

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 _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 422 ft

18. Distance to nearest property line: 610 ft 19. Distance to nearest well permitted/completed in the same formation: 834 ft

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.)
Dakota	DKTA			
Iles	ILES	369-5	640	ALL
Mancos	MNCS			
Niobrara	NBRR			
Williams Fork	WMFK	369-5	640	ALL

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 Bond \$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):

Township 9S- Range 93W-6th P.M.: Section 17: W/2NE/4, E/2NW/4, NW/4SW/4 except 4.09 acres

25. Distance to Nearest Mineral Lease Line: 607 ft 26. Total Acres in Lease: 195

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: Closed loop

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	16	55	0	60	60	60	0
SURF	17+1/2	13+3/8	68	0	2,200	1,240	2,200	0
1ST	12+1/4	9+5/8	53.5, 47	0	9,000	1,300	9,000	1,800
2ND	8+1/2	5	23.2	8700	13,500	920	13,500	9,500

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

33. Comments A closed loop system will be used for the drilling fluids. There will be a pit used to bury cuttings onsite if they meet Table 910 standards. The distance of 834' to the nearest permitted well (NBC 17-222) is for the MVRD formation.

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: Jennifer Barnett

Title: Regulatory Agent Date: _____ Email: jbarnett@progressivepcs.net

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: _____

API NUMBER
05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400187840	WELL LOCATION PLAT
400187842	TOPO MAP
400187843	SURFACE AGRMT/SURETY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)