


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2112528</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <u>16800</u>		4. Contact Name: <u>LINDA COOL</u>					
2. Name of Operator: <u>DELTA PETROLEUM CORPORATION</u>		Phone: <u>(303) 575-0376</u>					
3. Address: <u>370 17TH ST STE 4300</u>		Fax: <u>(303) 575-0476</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-077-09685-01</u>		6. County: <u>MESA</u>					
7. Well Name: <u>NVEGA</u>		Well Number: <u>22-121</u>					
8. Location: QtrQtr: <u>NESE</u>	Section: <u>21</u>	Township: <u>9S</u>	Range: <u>93W</u> Meridian: <u>6</u>				
9. Field Name: <u>BUZZARD CREEK</u>		Field Code: <u>9500</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>01/06/2011</u>		Date of First Production this formation: <u>01/14/2011</u>					
Perforations Top: <u>6326</u>	Bottom: <u>8126</u>	No. Holes: <u>225</u>	Hole size: <u>38/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
WMKF PERFS 6326-7361, 102 HOLES @ .38" PERFORATING AND FRAC TREATMENT WAS DONE IN SIX STAGES USING A TOTAL OF 142.8 BBLS. HCI ACID 52,265 BBLS, TREATED WATER, 266,195# 100 MESH SAND & 554,423# 40/70 MESH SAND. CMEO PERFS 7380-8126, 123 HOLES @ .38". PERFORATING AND TREATMENT WERE COMPLETED IN FIVE STAGES USING A TOTLA OF 119 BBLS 15% HCI ACID, 30,126 BBLS TREATED WATER, AND 147,030# 100 MESH SAND & 319,279# 40/70 MESH SAND							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>01/28/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1075</u> Bbls H2O: <u>1045</u>				
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____				
Test Method: <u>FLOWING</u>	Casing PSI: <u>1335</u>	Tubing PSI: <u>500</u>	Choke Size: <u>40</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1103</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7231</u>	Tbg setting date: <u>01/12/2011</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: _____					
Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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: 3/10/2011 Email ICOOL@DELTAPETRO.COM
:

Attachment Check List

Att Doc Num	Name
2112528	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)