

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 1715773				
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>MICHAEL STANLEY</u>
2. Name of Operator: <u>DELTA PETROLEUM CORPORATION</u>	Phone: <u>(303) 293-9133</u>
3. Address: <u>370 17TH ST STE 4300 ATTN</u>	Fax: <u>(303) 298-8251</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-077-09630-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>NVEGA</u>	Well Number: <u>23-244</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>23</u> Township: <u>9S</u> Range: <u>93W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: <u>MESAVERDE</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>01/13/2009</u>	Date of First Production this formation: <u>01/21/2009</u>
Perforations Top: <u>6958</u> Bottom: <u>7962</u>	No. Holes: <u>112</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
FRAC'D W/2646 GALS 7.5% HCL ACID, 764,900 GALS 3% KCL WATER (CWS-600) AND 375, 658# 20/40 SAND.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>02/15/2009</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>943</u> Bbls H2O: <u>90</u>
Calculated 24 hour rate: _____	Bbls oil: <u>0</u> Mcf Gas: <u>943</u> Bbls H2O: <u>90</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>650</u> Tubing PSI: <u>240</u> Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1022</u> API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7708</u>	Tbg setting date: <u>01/20/2009</u> Packer Depth: _____
Reason for Non-Production: _____	
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: _____	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 01/13/2009 Date of First Production this formation: 01/21/2009

Perforations Top: 6958 Bottom: 7962 No. Holes: 112 Hole size: 41/100

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

FRAC'D W/2646 GALS 7.5% HCL ACID, 764,900 GALS 3% KCL WATER (CWS-600) AND 375, 658# 20/40 SAND.

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/15/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 943 Bbls H2O: 90

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 943 Bbls H2O: 90 GOR: 0

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 240 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1022 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7708 Tbg setting date: 01/20/2009 Packer Depth: _____

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

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

Signed: Y Print Name: MICHAEL STANLEY

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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)