

**FORM
5**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



DE ET OE ES

Document Number:

1636583

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 16800

4. Contact Name: LINDA COOL

2. Name of Operator: DELTA PETROLEUM CORPORATION

Phone: (303) 575-0376

3. Address: 370 17TH ST STE 4300

Fax: (303) 575-0476

City: DENVER State: CO Zip: 80202

5. API Number 05-077-09698-00

6. County: MESA

7. Well Name: NVEGA

Well Number: 22-131

8. Location: QtrQtr: NESE Section: 21 Township: 9S Range: 93W Meridian: 6

Footage at surface: Distance: 1976 feet Direction: FSL Distance: 272 feet Direction: FEL

As Drilled Latitude: 39.260650 As Drilled Longitude: -107.766197

GPS Data:

Data of Measurement: 08/21/2008 PDOP Reading: 2.4 GPS Instrument Operator's Name: BRIAN BAKER

** If directional footage at Top of Prod. Zone Dist.: 2312 feet. Direction: FSL Dist.: 332 feet. Direction: FWL

Sec: 22 Twp: 9S Rng: 93W

** If directional footage at Bottom Hole Dist.: 2326 feet. Direction: FSL Dist.: 312 feet. Direction: FWL

Sec: 22 Twp: 9S Rng: 93W

9. Field Name: VEGA

10. Field Number: 85930

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2008 13. Date TD: 10/24/2008 14. Date Casing Set or D&A: 10/25/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7995 TVD** 7855 17 Plug Back Total Depth MD 7940 TVD** 7800

18. Elevations GR 7601 KB 7615

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CASED HOLE TRIPLE COMBO, ACOUSTIC CEMENT BOND LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16		0	60	178	0	60	CALC
SURF	12+1/4	8+5/8		0	2,240	640	0	2,240	CALC
1ST	7+7/8	4+1/2		0	7,972	729	1,886	7,995	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
OHIO CREEK	4,907	5,295	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	5,296	7,113	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,114	7,888	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,889		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FINAL-INCLUDES LOGS AND TOPS

MUD LOG SUBMITTED WITH PRELIMINARY
FORM 5 ALONG WITH DIRECTIONAL SURVEY

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 REGUALTORY TECHNICIAN

Date: 5/11/2011

Email: LCOOL@DELTAPETRO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
1636583	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)