

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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COMPLETED INTERVAL REPORT

Document Number:

2588467

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: _____
3. Address: <u>370 17TH ST STE 4300</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-077-09912-00</u>	6. County: <u>MESA</u>
7. Well Name: <u>NVEGA</u>	Well Number: <u>2B-22-233D</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>22</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>	

Completed Interval

FORMATION: CORCORAN Status: PRODUCING

Treatment Date: 04/19/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 9100 Bottom: 9301 No. Holes: 57 Hole size: 43/100

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

1 STAGE FRACTURE TREATMENT TOTALING:
13366 BBLS (SLICK WATER)
21000# 100MESH PROP, 20000# 40/70 CRC PROP, & 142200 # 40/70 OTTOWA PROP. COMMINGLED TEST INFO

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/08/2011 Hours: 1 Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1436 Bbls H2O: 120 GOR: 0

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 400 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9007 Tbg setting date: 05/05/2011 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: _____

FORMATION: MANCOS A Status: PRODUCING

Treatment Date: 04/18/2011 Date of First Production this formation: 04/29/2011

Perforations Top: 9350 Bottom: 10351 No. Holes: 183 Hole size: 43/100

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

2 STAGE FRACTURE TREATMENT TOTALING:
32136 BBLS (SLICK WATER)
49100# 100MESH PROP, & 422390# 40/70 CRC PROP

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/08/2011 Hours: 1 Bbls oil: 0 Mcf Gas: 60 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: 1436 Bbls H2O: 120 GOR: _____

Test Method: FLOWING Casing PSI: 900 Tubing PSI: 400 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9007 Tbg setting date: 05/05/2011 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: _____ Print Name: LINDA COOL
Title: SR REG TECH Date: 9/1/2011 Email: LCOOL@DELTAPETRO.COM
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Attachment Check List

Att Doc Num	Name
2588467	FORM 5A SUBMITTED
2588468	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)