

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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Document Number:

2588467

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: 16800  
2. Name of Operator: DELTA PETROLEUM CORPORATION  
3. Address: 370 17TH ST STE 4300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: LINDA COOL  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

5. API Number 05-077-09912-00  
6. County: MESA  
7. Well Name: NVEGA  
Well Number: 2B-22-233D  
8. Location: QtrQtr: NESW Section: 22 Township: 9S Range: 93W Meridian: 6  
9. Field Name: BUZZARD CREEK Field Code: 9500

### Completed Interval

FORMATION: CORCORANStatus: PRODUCINGTreatment Date: 04/19/2011Date of First Production this formation: 04/29/2011Perforations 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, &amp; 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: 5Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1436 Bbls H2O: 120 GOR: 0Test Method: FLOWING Casing PSI: 900 Tubing PSI: 400 Choke Size: Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0Tubing 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 AStatus: PRODUCINGTreatment Date: 04/18/2011Date of First Production this formation: 04/29/2011Perforations 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, &amp; 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: 5Calculated 24 hour rate: Bbls oil:  Mcf Gas: 1436 Bbls H2O: 120 GOR: Test Method: FLOWING Casing PSI: 900 Tubing PSI: 400 Choke Size: 36/64Gas Disposition: SOLD Gas Type: DRY BTU Gas: 967 API Gravity Oil: 0Tubing 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**

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

Total: 0 comment(s)