

FORM

2

Rev
12/05

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:

1790855

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

 OIL ☐ GAS ☒ COALBED ☐ OTHER _____
 SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐
Refiling ☒Sidetrack ☐

3. Name of Operator: DELTA PETROLEUM CORPORATION

4. COGCC Operator Number: 16800

5. Address: 370 17TH ST STE 4300

City: DENVER State: CO Zip: 80202

6. Contact Name: MIKE STANLEY Phone: (303)820-4024 Fax: (303)820-4025

Email: CJOHNSON@DELTAPETRO.COM

7. Well Name: VEGA Well Number: 4-131

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 7969

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 4 Twp: 10S Rng: 93W Meridian: 6

Latitude: 39.218548 Longitude: -107.777792

 Footage at Surface: 2513 FNL/FSL 1624 FEL/FWL
 FSL FWL

11. Field Name: VEGA Field Number: 85930

12. Ground Elevation: 8030 13. County: MESA

14. GPS Data:

Date of Measurement: 07/02/2008 PDOP Reading: 6.0 Instrument Operator's Name: T VIERS/BOOKCLIFF SURVEY

15. If well is ☒ Directional ☐ Horizontal (highly deviated) submit deviated drilling plan.
 Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
 2330 FSL 330 FWL 2330 FNL 330 FWL
 Sec: 4 Twp: 10S Rng: 93W Sec: 4 Twp: 10S Rng: 93W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 256

18. Distance to nearest property line: 184 19. Distance to nearest well permitted/completed in the same formation: 249

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
MESAVERFDE	MVRD	399-4		

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____

22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☐ Yes ☒ No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☐ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bon ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
T10S R93W – SEC. 4: W2/SW: SEC. 15: NW/NE

25. Distance to Nearest Mineral Lease Line: _____ 330 _____ 26. Total Acres in Lease: _____ 120 _____

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☐ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: RECLAIMWTR&BURYCUTS

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24+4/1	16+1/7	55	60	200	60	0
SURF	12+1/4	8+5/8	32	2,200	740	200	0
1ST	7+7/8	4+1/2	11.6	7,969	477	7,969	5,687

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☒ Rotating Head ☐ None

33. Comments THE PAD HAS BEEN BUILT AND HAS 4 PRODUCING AND 15 PERMITTED WELLS ON THE LOCATION. NO DRILLING IS CURRENTLY TAKING PLACE ON THIS PAD. DELTA IS THE SURFACE OWNER FOR THIS LOCATION. ALL OTHER CONDITIONS REMAIN THE SAME.

34. Location ID: _____ 334442 _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☐ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☐ Yes ☒ No

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

Signed: _____ Print Name: CHERYL JOHNSON

Title: REGULATORY Date: _____ Email: CJOHNSON@DELTAPETRO.

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 077 09802 00

CONDITIONS OF APPROVAL, IF ANY:**Attachment Check List**

Att Doc Num	Name	Doc Description
1790855	APD ORIG & 1 COPY	LF@2158470 1790855
1790856	WELL LOCATION PLAT	LF@2158471 1790856

Total Attach: 2 Files