

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 FSL 1624 FEL/FWL 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 2330 FSL 330 FWL FWL Bottom Hole: FNL/FSL 2330 FNL 330 FWL 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

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