

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:
1790617
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: MICHAEL STANLEY Phone: (303)820-4024 Fax: (303)820-4025
 Email: MSTANLEY@DELTAPETRO.COM

7. Well Name: BUZZARD CREEK Well Number: 15-10

8. Unit Name (if appl): BUZZARD CREEK Unit Number: 1408-0016391

9. Proposed Total Measured Depth: _____

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 15 Twp: 9S Rng: 93W Meridian: 6
 Latitude: 39.271750 Longitude: -107.753790

Footage at Surface: 800 FNL/FSL FSL 1967 FEL/FWL FEL

11. Field Name: BUZZARD CREEK Field Number: 9500

12. Ground Elevation: 7378 13. County: MESA

14. GPS Data:

Date of Measurement: 09/23/2009 PDOP Reading: 1.0 Instrument Operator's Name: M. STANLEY

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1970 FSL FSL 1948 FEL/FWL FEL Bottom Hole: FNL/FSL 1970 FSL FSL 1948 FEL/FWL FEL
 Sec: 15 Twp: 9S Rng: 93W Sec: 15 Twp: 9S 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: 1500

18. Distance to nearest property line: 700 19. Distance to nearest well permitted/completed in the same formation: 1175

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.)
COZZETTE	COZZ			

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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 700 26. Total Acres in Lease: 1367

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: CLOSED LOOP DRILL-EVA

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
SURF	12+1/4	8+5/8	32	1,012	660	1,012	0
1ST	7+7/8	4+1/2	11.6	7,326	1,390	7,326	

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

33. Comments DELTA IS REQUESTING AUTHORIZATION TO RECOMPLETE AND TEST THE INJECTION CAPABILITY FOR WATER DISPOSAL POTENTIAL. PLEASE SEE ATTACHED FORM 4, SUNDRY NOTIFICATION.

34. Location ID: _____

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: MICHAEL STANLEY

Title: REGULATORY Date: _____ Email: MSTANLEY@DELTAPETRO.C

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: _____

API NUMBER 05 077 08730 00	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

Attachment Check List

Att Doc Num	Name	Doc Description
1790617	APD ORIG & 1 COPY	LF@2152629 1790617
1790618	DEVIATED DRILLING PLAN	LF@2152631 1790618
1790619	LEGAL/LEASE DESC	LF@2152630 1790619

Total Attach: 3 Files