

FORM

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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 CORPORATION4. COGCC Operator Number: 168005. Address: 370 17TH ST STE 4300City: DENVER State: CO Zip: 802026. Contact Name: MICHAEL STANLEY Phone: (303)820-4024 Fax: (303)820-4025Email: MSTANLEY@DELTAPETRO.COM7. Well Name: BUZZARD CREEK Well Number: 15-108. 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: 6Latitude: 39.271750 Longitude: -107.753790Footage at Surface: 800 FNL/FSL FSL 1967 FEL/FWL FEL11. Field Name: BUZZARD CREEK Field Number: 950012. Ground Elevation: 7378 13. County: MESA

14. GPS Data:

Date of Measurement: 09/23/2009 PDOP Reading: 1.0 Instrument Operator's Name: M. STANLEY15. 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
<u>1970</u>	<u>FSL</u>	<u>1948</u>	<u>FEL</u>	<u>1970</u>	<u>FSL</u>
<u>1948</u>	<u>FEL</u>	<u>1970</u>	<u>FEL</u>	<u>1948</u>	<u>FEL</u>
Sec: <u>15</u>	Twp: <u>9S</u>	Rng: <u>93W</u>	Sec: <u>15</u>	Twp: <u>9S</u>	Rng: <u>93W</u>

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 150018. 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